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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
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| MUREAU V. S. J | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| M) | 424 | STATE OF MARYLAND | CERTIFICATE OF DEATH 553 | 1 |
|----------|---|--|--|---------------|
| | state UPA. | 1. PLACE OF DEATH | 10 119 | |
| 2 | item of i should of OCCU | Village or City Parson from Md. (0 | Registration Dist. No. 3 2 2 tho. 12 - F St., death occurred in a hospital or institution, give its NAME instead of street and num | Ward |
| W | CC.D. Every it PHYSICIANS act statement o | Length of residence In city or town where death occurred yers. 10 mos. 2. FULL NAME Martha Cathur. | How long in U.S. if of foreign birth? | |
| 4 | YSIC state | (a) Residence: No. R.D. + 1. Paresure (Usual place of abode) | Ward. If nonresident give city or town and Sta | ale |
| | RECC. PH Exact | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | HA | 3. SEX 4. COLOR OF RACE OR DIVORCED (write tha word) | 21. DATE OF DEATH May 18 (Month) (Day) | 93 (Yaar) |
| BINDING | XACTLY. classified. E | 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. 1 HEREBY CERTIFY, That I attended dec | ceasad from |
| BIN | | 6. DATE OF BIRTH (month, day, and year) | 30 | death is said |
| FOR | A ited oper | /. AGE Tears Monthly Days II LESS than 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| | HIS IS be sta be pro of ceri | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. | were as follows: | Date of onset |
| RESERVED | VK—TH should b it may b n back o | 9. Industry or business in which work was done, as SILK MILL. | | |
| ESE) | INE Sh tit on | SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and years) year) cocupation | | |
| | NFADING I pplied. AGE erms, so that instructions | 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: | |
| MARGIN | UNFAD supplied. n terms, see instruction | (Star) or country) | | |
| AR | | 13. CAMP Frank Balle 14. BIRTHPLACE (city or town lear Pillaulle (State or country)) | | |
| M | -= 70 | 14. BIRTHPLACE (city or town) | Name of operation | nnsv? |
| | vir fully r pli | # 15. MAIDEN NAMELORA PRIAR Walten | 23. If death was dua to external causes (VIOLENCE) fill In also tha following: | ., |
| | Y, WITH carefully fH in pla | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury | , 19 |
| | AINLY, ld be car DEATH y import | (State or country) | Where did Injury occur? (Specify city or town, county and State) | |
| | E PLAINLY, WI should be careful OF DEATH in p | 17. INFORMANT (Addrass) (B. 4) Pare on by The | Specify whather injury occurrad In INDÚSTRY, In HOME, or In PÚBLIC PLAC | E. |
| 1) | O S S | 18. BURIAL, CREMATION OR REMOVALE Date May 20, 1936 | Manner of injury | |
| 11 | WRITE mation shadow | 19. UNDERTAKER Hyllory + Color (Address) | 24. Was disease or injury In any way related to occupation of deceased. | 0 |
| No. | m (T) | 20, FILED MAY 20, 1936 Hilliam X. Dave | (Signed) N AC ALCALE | 0 - M. D |
| · | ż | Local Registrar. | (Addrass) Actual 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2. | (|
| | | IJ more Dianks are needed, address State Registrar, | 2411 IN. Charles Street, Daltimore, Kequesting "U. S. No. 1. | |

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| BUREAU V. S | | | | |
| Other contributory causes of importance | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. Haspital (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 6 (Day) (Yaar) I HEREBY CERTIFY. That I attended decaasad from Date of onset Was thera an autopsy? 12 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Dulesbe (Address) 112 Mrs If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| | | | |

V. S. No. 1

| STATE | OF | MARYLAND—CERTIFICAT | E | OF | DEATH | |
|-------|----|---------------------|---|----|-------|--|
| FATU | | | | | | |

| STATE C | OF MARYLAND- | CERTIFICATE | OF DEA | TH 55 | 33 |
|---|---|---|-----------------------|-----------------------|-----------------|
| 1. PLACE OF DEATH | 1 | | | | |
| County Mulanie | a loa | 63) | Registration D | ist. No. | 33 |
| Village or City Salus | my Ind | No. 102 Lah | 4 | St. S | Ward |
| Length of residence in city, or town where | () (1 | f death occurred in a hospital or institu s. 24 ds How long In U.S. if o | tion, give its NAME | instead of street and | number) |
| 4. | dwarff occurredyrs,szmos | susz _ now tong in u.s. it o | i toreign birth! | yrsm | osds. |
| 2. FULL NAME aluns | N Orvanz | If U. S. Veteran, | specify WAR | | |
| (a) Residence: No./12 | (Usual place of abode) | St., 7 Ward | If nonresident a | ive city or town and | State |
| PERSONAL AND STATIST | | MEDICAL C | ERTIFICATE | | Diste |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | m | 16 | / |
| male of the | OR DIVORCED (write the word) | | (Month) | | , 193 |
| 5a. If married, widowed, or divorced | | | (MOHEII) | (Day) | (Year) |
| HUSBAND of (or) WIFE of | · | 1 HEREBY | SERTIFY | That I attended | deceased from |
| | 12 11 10 21 1 | rug | 19 , to 18 | 7 36 | , 19 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days If LESS than | to have occurred on the date state | 100 | , 19- | ; death is said |
| () (2 | 9 4 1 day,hrs. | The PRINCIPAL CAUSE OF DEAT | | of importance | |
| 8. Trade, profession, or particular | ormin. | were as follows: | | | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | / | n. | | / | 193 |
| 9. Industry or business in which | 2- 1 | Marie | me | ə/ | |
| SAW MILL, BANK, etc. | no | Primary Canso: | Richets . c | w-9= 62 | |
| 10. Date deceased last worked at this occupation (month and | 11. Total time (years) spent in this | Foulte mourisbon | | open diet. | |
| year) | occupation | Other Contributory Causes of impo | 7 | 9 | |
| 12. BIRTHPLACE (city or town) Salu | shirt | 771 | | | -1-0-7-1 |
| (State or country) | - Vona | Malme | une | | 1703 |
| 13. NAME HOW Blue 14. BIRTHPLACE (city or town) and | ns | | | | - |
| 14. BIRTHPLACE (city or town) (State or country) | entury | Name of operation | | | |
| | | What test confirmed diagnosis? | | | |
| I San | cours . | 23. If death was due to external cau | | | |
| O 16. BIRTHPLACE (city or town) | many | Accident, sulcide, or homicide? | | ate of injury | , 19 |
| 1. 13. | | | (Specify city or to | wn, county and Stat | e) |
| 17. INFORMANT ILM I ILLA (Address) | elisbum md | Specify whether Injury occurred in | I INDUSTRI, IN NON | IE, OF IN PUBLIC PL | ACE. |
| 18. BURIAL, CREMATION, OR REMANDIAL | and L | Manner of Injury | | | |
| Place Pullet Il Och | Date MAY 14, 1936 | Nature of injury | | | |
| 19. UNDERTAKER Jan 41 Stur | MI | | ay/related to occupat | ion of deceased? | |
| (Address) | alway nod | If so, specify | 11/1 | 1 | |
| 20. FILED May 14 19 36 (| - Ir Can Tringer | (Signed) | you | 1/// | M. D. |
| 7-, 19 | Registrar. | (Address) | leady | M | |
| If more | blanks are needed, address State Registrar. | 2411 N. Charles Street Baltimore. Re | questing 9) Sho | | |

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| | | | |

| | or- A- | STATE OF MARYLAND— | CERTIFICATE OF DEATH 55 | 34 |
|--------|---|---|--|-------------------|
| | state UPA- | 1. PLACE OF DEATH . | 92-0 | |
| 1 | ould OCC | County Welogalla | Registration Dist. No. | 33 |
| | should of OCC | Village or City Allen And | NoSt., | Ward |
| | 0 | Length of residence in city or town where death occurred 5-3 yrs | death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution in the street and death occurred in a hospital or institution in the street and death occurred in a hospital or institution in the street and death occurred in a hospital or institution in the street and death occurred in the street an | |
| | CORD. Every PHYSICIANS oct statement | 2. FULL NAME Trant Mr Brewals | For | A |
| | RD. F YSIC state | (a) Residence: No. Cellen and | St. Ward. | |
| | ORI HY t st | (Usual place of abode) | If nonresident give city or town and | State |
| | (H) (S) | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| - be | EX | 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 24 May (Month) (Oay) | , 193 6 (Yaar) |
| Z | X A C T I classified. | 5a. If married, widowed, or divorced HUSBAND of | | |
| 2 | MA A lass | (or) WIFE of and Sewington | 22. I HEREBY CERTIEY, That i attended of | 19.36 |
| RIL | | 6. OATE OF BIRTH (month, day, and year) | last saw h sie alive on May 24 / 1936 | ; death is said |
| * | | 7. AGE Months Days If LESS than I day. hrs. | to have occurred on the data stated above, atm. | |
| Š | IS A I stated proper | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of onset |
| | HIS be lof c | Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | MIT OF STREET | J. |
| 되 > | = | Industry or business in which | Hisease | Marker |
| 五天 | X .E | work was dona, as SILK MILL, 4-armels | 7.00 | 3 |
| 3 | E sh at it son son | 10. Oate deceased last worked at this occupation (month and year) | | |
| X, | NFADING I plied. AGE rms, so that instructions o | - 11. | Other Contributory Causes of importanca: | |
| Z | d. so | 12. BIRTHPLACE (city or town) LULLIN Gyn (State or country) | | |
| KG | VF/ plie rms nstr | 13. NAME Sue Sloy Brewen alon | | |
| MA | UN suppl r terr | 14. BIRTHPLACE (city or Cown) allen | Name of operation Date of | |
| | E ye | (State of Country) | What test confirmed diagnosis? Was there an ac | utopsy? |
| | WITTI efully in pla ant. | 15. MAIDEN NAME She 4 usnis | 23, if death was due to external causes (VIOL ENCE) fill in also tha following: | |
| _ | LY, W carefu (TH in portant | [State or country] | Accident, suicide, or homicide? Oata of injury | , 19 |
| | EA be | Care of country) | Whera did injury occur? (Specify city or town, county and State | 2) |
| | E PLA should OF D | 17. INFORMANT If the Comma & Freunger | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA | .CE. |
| | | 18. BURIAL, CREMATION, OR REMOVAL, Grand Maria Comments | Manner of injury | |
| - | -WRITE mation s CAUSE TION is | Place of s sund May 2 - 1963.6 | Nature of injury | |
| 7.7 | Ma CA TIC | 19. UNDERTAKER (as M'Shuwarl | 24. Was disease or injury in any way related to occupation of deceased? | |
| i i | eg. | 20 20 21 1 12 19 | (Signed) and Stourne | 54 D |
| | zi G | 20. FILEO May 1, 1920 V. May Sunsk | (Address) Salisbury, The | I d |
| | (1) | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| The principal cause of de of importance were as follows: | th and related ows: | Muses [| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | JUN 6 | 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 0011 | | 1921 | Run over by street ear | 1 week ago |
| Cerebral hemorrhage | BUREAU | V. S | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes | of importance | • | | Other contributory causes of importance: | |
| Gallstones | | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | | |

If more blanks dre needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| | Example I | | Example II | |
|--|-----------------------------------|---------------|--|---------------|
| The principal eause of of importance were as i | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | PECFIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephri | his C O E | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | JUN 0 1995 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | Representation of the second | |
| Other contributory can | ses of importance: | and the same | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |

MRITE PLAINLY, WITH UNITADING MARKET AND ASSETT EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state carried on Death in also that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

V. S. No. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 5533 |
|---|--|
| 1. PLACE OF DEATH | 3 |
| County Wicemico | Registration Dist. No. 331 |
| Village or City Juaskin | No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long In U.S. if of foralgn birth?yrsmos,ds. |
| 2. FULL NAME I Many Queston | If U. S. Veteran, specify WAR |
| (a) Residence: No. January (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH THOUSE 19 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (VI) THE VI | |
| 6. DATE OF BIRTH (month, dey, end year) May 1936 | I lest saw h elive on ; death is said |
| 7. AGE Years / Months Bys If LESS than | to have occurred on the date steted above, at / 12-12-m. |
| Still trong 1 day, | The PRHICIPAL CAUSE OF DEATH and releted causas of importance were astrology |
| 8 Trade profession or perticular | Date of one of |
| 8. Trade, profession, or perticular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. | CXinn |
| kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, atc. | Still both |
| 8. 0. Date deceased lest worked et 11. Total time (years) | |
| this occupation (month and spent in this occupation | |
| 12 PIRTURI ACE (situations) Tuesday | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) Carlotte (State or country) | 5 170 |
| 13. NAME Bradley Burjon 14. BIRTHPLACE (city or town) Jugashuy. | On It advances |
| 14. BIRTHPLACE (city or town) / Jesasburg | Name of operation. |
| (State of country) | What test confirmed diegnosis? Wes there an autopsy? |
| 15. MAIDEN NAME Miletred Josela | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 5 16. BIRTHPLACE (city or town) and share | Accident, suicide, or homicide? Date of injury19 |
| E (State or country) | Where did injury occur? |
| 17. INFORMANT Drawfley forces | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE, |
| 18. BURIAL, CREMATION, OR REMOVAL | Monay of Jaluay |
| Place J your Man Data may 20, 1936 | Menner of injury |
| 11 00011 . 0,0 | 70000001 |
| 19. UNDERTAKER AND TESTIFICATION (Addrass) | 24. Was disease or injury in any way related to occupation of dacased. If so, specify |
| 20. FILED May 20., 1936 (1) Walford Vall Registrar. | (Signed) Mentuoke May M. D. (Address) M. D. |
| If more blanks are needed, address State Resistrar | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | 1 = 1 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| ASSESSED TO A SECONDARY OF THE PARTY OF THE | -1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1 8 ż of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | /25 |
| County 21/ reaming | Registration Dist. No. 337 |
| Village or City Tyaskin | No. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| 201:11 1 12 1 | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Myldrig Durion | If U. S. Veteran, specify WAR |
| (a) Residence: No. Jyas Pine (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Final Hotel OR DIVORCED (write the word) | (Month) (Day) (Pear) |
| 5a. If marriad, widowed, or divorced HUSBAND of | |
| (or) WIFE of Bradley Burlan | 22. HEREBY CERTIFY, That I attended deceased from |
| 200 07 017 07 017 01 | I last saw h aliva on 3 3 death is said |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months lays If LESS than | to have occurred on the data stated abova, at LTLA.m. |
| 2 / 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trede, profession, or particular kind of work done, as SPINNER, | ware as follows: |
| SAWYER BDDKKEFPER etc | P. Par |
| 9. Industry or business in which work was dona, as SILK MILL. | 2000 Am |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | 1 1 1936 |
| 10. Date deceesed last worked et this occupation (month and year) | 1 Wernitors |
| Mil Th | Dther Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) (State or country) | harri tit |
| 13. NAME Dorat Kather | 10 FMACON O VOL |
| 13. NAME OUT THE THE LOCAL COUNTY OF THE PARTY OF THE PAR | Name of operation 5-18-36- Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Blanch Jones | 23. If death was due to external causes (VIDL ENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) It I Cherman | Accident, suicide, or homicide?Date of Injury19 |
| ≤ (State or country) | Where did injury occur? |
| 17. INFORMANT A MANUAL | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVE | Manner of Injury |
| Place Jyaskin Md Data may 2 6, 1934 | Nature of injury |
| 19. UNDERTAKER MASS CAMPAGE AND CARREST OF SOME | 24. Was disease or injury In any way related to occupation of daceasad? |
| hard 21 21 (PY) 19 I Wall | (Signad) A Cl. Fills |
| 20. FILED / May 1/2, 19 36 1. 1 (altora) alle | (Signad) M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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| Example I | i) | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1996 | . 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstituat nephrius | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 55 | 38 |
|--|--|--------------|
| 1. PLACE OF DEATH | 92-00 | n 0 |
| County Thispina | Registration Dist. No. | 33 |
| Villago or City C// 1/11 / A - H | No. St. / | 6 War |
| (If | death occurred in a hospital or institution, give its NAME instead of street and nu | |
| Length of residence in city or town where death occurred/yrs,mos. | ds. How long In U.S. if of foreign birth?yrsmos | d |
| 2. FULL NAME May Eliza Bush | ells If U. S. Veteran, specify WAR | |
| (a) Residence: No. Printaged, Ma | St., 16 Ward. | |
| | If nonresident give city or town and S | tate |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH MALL 16 | 102/0 |
| senall thill thidain | (Month) / (Day) | (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. THEREBY CERTIFY. That Lattended do | ceased |
| (or) WIFE of Lewis & Dussells | 10/ay 1: 12 (10/24 / 4 | ., 193 |
| 6. DATE OF BIRTH (month, day, and year) 4 4, 1860 | Hast saw by I valive on 12 14 1, 193 6; | death is sa |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 10 Pa.m. | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | 5.1.7 |
| 8. Trade, profession, or particular | 3/, 00 | Date of onse |
| kind of work done, as SPINNER, A SAWYER, BDOKKEEPER, etc. | acto Valor V Xeny | 193 |
| work wes done, as SILK MILL, | | |
| | | |
| this occupation (month and spent in this | | |
| Ma 1 1 | Other Contributory Causes of Importence: | |
| 12. BIRTHPLACE (city or town) (State or country) | A Company of the second | 793 |
| | furning o state | |
| H Paragraphic Control of the Control | | |
| 14. BIRTHPLACE (city or town) | Name of operation Date of What test confirmed diagnosis? Was there an au | tana? |
| | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: | topsy? |
| | Accident, suicide, or homicide? | 10 |
| O 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? | , 13 |
| 15. MAIDEN NAME / May face Calliell 16. BIRTHPLACE (city or town) (State or country) | (Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAI | F |
| 17. INFORMANT (Address) (A | opening matter injury occurred in introduction, in nome, of info delice is | , L. |
| | Menner of Injury | |
| Place Millard, Md. Date 5/11/3619 | Nature of injury | |
| TO HADDESTAKED THE Will N (Wester) Co. | 24. Was disease or injury in env way related to occupation of deceased? | |
| 19. UNDERTAKER ALL MAN (Address) Salis Rend (Man) | If so, specify | |
| may 20.36 & may lynner | (Signed) | M. |
| 20. FILED May 20, 1900 Q. May June | | |

If more blanks and needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Anteriosclerosis RECEIVED | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUILTALL V. S. | . 1 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

STATE OF MARYLAND—CERTIFICATE OF DEATH 5530

| Village or City | 1. PLACE OF DEATH | (3) |
|--|--|---|
| Langth of rasidence in city or town whar a death occurred. **P.yys.** mas. **ds. **How long in U.S.; I of the pith in the pith | County Thicomics | Registration Dist. No. 33,3 |
| Langth of rasidence in city or fown where death occurred . D. yrs. mos. ds. ds. How found in U.S. I of tereging brith? yrs. mos. ds. ds. How found in U.S. I of tereging brith? yrs. mos. ds. ds. How found in U.S. I of tereging brith? yrs. mos. ds. ds. How for the property of the propert | Village or City Silvan | NoSt., 7Ward |
| 2. FULL NAME (a) Residence: No. Sold Ward (b) Residence: No. Sold Ward (c) Ward (c | Length of residence in city or town where death occurred 20 yrs - m | If death occurred in a hospital or institution, give its NAME instead of street and/number) |
| (3) Residence: No. Sold Classification of the Committee of shoots (Classification of the Committee of shoots) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR PUNDENCE (Committee word) OR PUNDENCE (Com | | V 00 |
| PERSONAL AND STATISTICAL PARTICULARS J. SEX A. COLOR OR RACE OR PLYNACED (-morphe word) Sa. If married, widowed, or divorced (morphe) (morph) Marce (morphe word) (morph) Marce (morphe) Marce (morphe) Marce (morphe) (morphe) (morphe) Marce (morphe) (morphe) (morphe) Marce (morphe) (morphe) (morphe) Marce (morphe) (morphe) (morphe) (morphe) Marce (morphe) (morphe) (morphe) (morphe) (morphe) (morphe) (morphe) (morph) Marce (morphe) (mo | | H X |
| 3. SET MALL A. COLOR OR RACE OR PHYPORCED (worst) have word) Sa. If matried, widowed, or divorced (co) wife of Laura Dank Calbell 5. If matried, widowed, or divorced (co) wife of Laura Dank Calbell 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day hrs | (Usual place of abode) | / If nonresident give city or town and State |
| Mall Hills OR DIVORCED (write, the word) 59. If married, widowed, or divorced HUSBAND (As Berell Corp.) Wife of Laura Danah Castrell 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Vears Months Days If LESS than 1 day | | |
| HUSBANO of (or) WIFE of AUAN PAINT (ABUREL) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, | OR DIVORCED (write the word) | May 17 1936. |
| T. AGE Vears Months Days If LESS than 1 day | HUSBANO of | 22. I HEREBY CERTIFY. That I attended deceased from 18 6, to My 1936 |
| 1. day, hrs. or. min. 8. Trade, professiof, or particular kind of work done, as SPINNER, SAWIFER, BORKEPER, etc. 9. Industry or business in which was done as SSIK MILL, SAW MILL, BARK, etc. 9. Under the secure decrease last worked at this occupation (month and soccupation month and soccupation). 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Plees 19. UNDERTAKER (Address) | 6. DATE OF BIRTH (month, day, and year) Kell, 14, 1866 | Mast saw ham alive on 12, death is said |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Jaurell SAWYER, BOOKKEEPER, MILL, SAWYER, BOOKKEEPER, ME. 9. Industry or business in which work was done as SILK MILL, SAWYER, BOOKKEEPER, ME. 10. Date of construction of the second last worked at the work was done as SILK MILL, SAWYER, BOOKKEEPER, ME. 11. Date of cecesed last worked at the secupation months and the second last worked at the second last work was done as SILK MILL, SAWYER, BOOKKEEPER, ME. 12. BIRTHPLACE (city or town) Manufacture of the second last work was done to external causes (VIOLENCE) fill in also the following: 14. BIRTHPLACE (city or town) Manufacture of the second last was due to external causes (VIOLENCE) fill in also the following: 15. MAIDEN NAME Allie Augustry Manufacture of the second last was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Manufacture of the second last was due to external causes (VIOLENCE) fill in also the following: 17. INFORMANT Augustry Manufacture of the second last was due to external causes (VIOLENCE) fill in also the following: 18. BURIAL CREMATION, OR REMOVAL Augustry Manufacture of injury 19. UNDERTAKER Augustry Manufacture of the second last was due to external causes (VIOLENCE) fill in also the following: 24. Was disease or injury in eny way resisted to occupation of decessed? 18. SURFAL CREMATION, OR REMOVAL Augustry Manufacture of injury 20. FILEO Many 1, 19 36 21. Was disease or injury in eny way resisted to occupation of decessed? 22. Was disease or injury in eny way resisted to occupation of decessed? 23. Was disease or injury in eny way resisted to occupation of decessed? 24. Was disease or injury in eny way resisted to occupation of decessed? 25. Grand Manufacture of the second last was a second last was a second | | |
| SAWYER, BOOKKEEPER, etc. 9. Indistry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc. 10. Data decessed last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Plece Salanga A. Date 19. UNDERTAKER (Address) (Signed) (Signed) (Signed) (Address) | | The Residence |
| work was done, as SILK MILL, SAW MILL, BARN, etc. 10. Data decessed last worked at this occupation (month and year) spant in this occupation (particular year) Other Contributory Causes of importence: 12. BIRTHPLACE (city or town) (State or country) Name of operation. Nate of operation (diagnosts? Was there an autopay? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Nate of diagnosts? Specify whether injury occurr? Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | 11. 11. 1934 |
| Date of coccupation (month and stress occupation (month and stress occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Piece Miling 19. UNDERTAKER (Address) 20. FILEO May 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER (Address) 20. FILEO May 11. Total time (vasrs) spent in this Sayya. Other Centributory Chauses of importence: 19. Other Centri | work was done, as SILK MILL, | Moto Call Vilati |
| Other Contributory Causes of importence: 12. BIRTHPLACE (city or town) | 11. Total time (years) this occupation (month and 5/10/2/ spant in this 5/1/4/ | <u></u> |
| 13. NAME Name Name of operation Name of operation Date of | 12. BIRTHPLACE (city or town) | Other Contributory Causes of importence: |
| 15. MAIDEN NAME Selfic Carfill 23. If death was due to external causas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) | | |
| 15. MAIDEN NAME Selfic Carfill 23. If death was due to external causas (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) | HI WAR CONCE | Name of acception |
| 15. MAIDEN NAME Sallis Cayfill 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Sallians (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Sallows Sallians (Address) 19. UNOERTAKER (Address) 19. UNOERTAKER (Address) 20. FILEO 10. May 19, 19 36 11. MAIDEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury Where did injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. Nature of injury 24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) M. D. (Address) | (State or country) | |
| 17. INFORMANT Dilliand Graffield Manager Graffield Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE, (Address) Ches. The Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE, (Address) Place Silvand Graffield Manager Gra | 15. MAIDEN NAME Lallie Laufill | |
| 17. INFORMANT Dilliand Graffield Manager Graffield Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE, (Address) Ches. The Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE, (Address) Place Silvand Graffield Manager Gra | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury, 19 |
| 17. INFORMANT Affiliand | (State or country) | |
| 18. BURIAL, CREMATION, OR REMOVAL Plece Silvage 1 M. Date 5/9/369 Nature of injury 19. UNDERTAKER 1.0 Itiell K Itialor 6. (Address) Silvalury 17.1. 20. FILEO May 19, 19 36 W. May Jumes Registrar. (Address) (Signed) (Address) M. D. (Address) M. D. | | |
| 19. UNDERTAKER The Mill K Whilo Co. (Address) Schedung The Co. 20. FILEO May 19, 19 36 Dr. May Jumes Registrar. (Address) (Signed) (Address) M. D. (Address) (Address) M. D. | | Menner of injury |
| 20. FILEO May 19, 19 36 Dr. May Jumes (Signed) (Address) M. D. Registrar. (Address) (Address) M. D. | Plece Silongry M. Date 0/19/3/99 | Nature of injury |
| 20. FILEO May 19, 19 36 & May Jumes (Signed) (Address) M. D. Registrar. (Address) (Address) M. D. | | |
| the state of the s | 21. 19 21 11. 212.11 | |
| | Registrar. | (Address) Saliny M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: CEIVED | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis IIIN 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory eauses of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | - |
| | | | |

V. S. No. 1

| STATE OF MARYLAND | CERTIFICATE OF DEATH 5540 |
|---|--|
| 1. PLACE OF DEATH | arms (23) X |
| county//e Comes, | Registration Dist. No. 333 |
| Village or City Salusbury Mag | No. St., S Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where drath occurred yrsmos | |
| 2. FULL NAME Markie Hester C | greef U. S. Veteran, specify WAR |
| (a) Residence: No. 11.0 - 74 4 Sulcation 1110 (Usual place of abode) | 9 St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEY 4. COLOR OR ICE 5. SINGLE, MARRIED, WIDOWED OR 1000 CED (qurite the world) | 21. DATE OF DEATH May. 20 ,193 6 |
| 9a. If married, widowad, or divosed | (Month) (Dey) (Yeer) |
| HUSBANO of Eliku J. Carry. | 22. IMEREBY CERTIFY. That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Cycil, 21. 189 | Plast saw h alive on 15, 19. 36 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 7.36 Pm. |
| 46 \$ 0 29 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| 2 Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| 10. Date daceased last worked et / Care 11. Total time (years) | İ |
| this occupation (month and / 33 year) spent in this occupation | |
| 12. BIRTHPLACE (city or town Hear) Delma | Other Contributory Causes of importance: |
| (Stata or country) | |
| II 13. NAME Varie H. Jungle | |
| 13. NAME 14. BIRTHPLACE (city or town) | Neme of operation Date of |
| (State of country) | What test confirmed diagnosis? Wes there an autopsy? |
| 15. MAIOEN NAME Marthy Parsons | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicida? Date of injury, 19 |
| E (Stata or country) | Where did injury occur? |
| 17. INFORMANT Eliku J. Carey (Address) NO. #4 Salul & md. | (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL GREMATION, OR REMOVAL Em May, 22, 1930 | Mannar of injury |
| Hollowan + Co. 1. | 24. Was disease or injury in any way related to occupation of decaasad? |
| 19. UNOERTAKER/ | If so, specify |
| May 22 stat in Man of | (Signed) Thursday, M. O |
| 20. FILEO 19 19 Registrar. | (Addrass) Dallachen Mal |
| A A | 2411 N. Charles Street Baltimore Requesting T) S. No. 1 |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUIDEAU V S | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis SECEIVEDI | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage , UN 1935 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND-C | ERTIFICATE OF | DEATH | 5540 |
|---------------------|---------------|-------|------|
|---------------------|---------------|-------|------|

| 1. PLACE OF DEATH | |
|--|--|
| County Telessing, | Registration Dist. No. 333 |
| Village or City Saluthy Md, | No. 306 ann St. 5 Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrs,mosds. |
| Me All I P. II. | |
| (a) Residence: No. 3 of any (Usual place of abode) | St., Ward If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SPX 4. COLOR OR RACE OR DIVORCED write the word) | 21. DATE OF DEATHMAN, 26. Ld (Year) |
| 5a. If married, widowad, or diverced | |
| (or) WIFE of Charles of Collins | 22. I HEREBYCERTIFY. That I attended deceased from May 26, 19 36, to May 26, 19 36 |
| nox 1/14 185 | I last saw n. l. aliva on May 16 , 1936; daath is sald |
| 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 030 Pem. |
| 7/0 6 12 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | acute pulmonary oedema 5-26-3 |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL | acute Cardias dilatation 5-26-34 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | Generalized arterios clervaia unknow |
| 10. Date deceased last worked at this occupation (morn and / 536 spent in this occupation occupation | |
| A Bish ille | Other Contributory Causes of importanca: |
| 12. BIRTHPLACE (city of town) (State or country) | |
| 13. NAME Henry Parafell | |
| E / Bicharilla | Name of operation Losse Date of |
| 4. BIRTHPLACE (city or town) (State or country) | What tast confirmed diagnosis? Clinical Was there an autopsy? 200 |
| 15. MAIDEN NAME Sallie a. Hudes | 193-1f death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME Sallie a. Hudes 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| E (State or country) | Where did injury occur? |
| 17. INFORMANT Mr. / sefelle Dilli | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| Place lung, Date lay 2 1 7, 1936 | Nature of injury |
| 19. UNDERTAKER Hallowy & Coold (Address) Salurby mg | 24. Was disease or Injury In any way related to occupation of deceased? 200 If so, specify |
| 20. FILED May 2819/36 V. May Jums. | (Signed) auxiles M.D. (Address) 30 2 4 . Due sion St., Solisburg |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | Example I Example II | | |
|--|----------------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FFIVEDI | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage JUN 6 1936 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | 1 | | 1 |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND—CERTIFICATE OF DEAT | STATE OF N | MARYLAND- | -CERTIFICATE | OF | DEATH |
|---------------------------------------|------------|-----------|--------------|----|-------|
|---------------------------------------|------------|-----------|--------------|----|-------|

| | - 0 | |
|---|-----|----|
| 1 | 28 | 2 |
| U | 1 | 63 |
| | 5 | 54 |

| 1. PLACE OF DEATH | | (210-0) | Y | | - 6 6 |
|--|--|--|---------------------------------------|---|---------------------|
| County Thironico | | 7 | Registration D | Dist. No. | 333 |
| Village or City Pruislan | d | No | - | St.,/ | 16 Ward |
| | 3 (If | f death occurred in a hospital or institution. ds. How long In U.S. If of | ion, give its NAME | instead of street and | number) |
| Length of residence in city or town where de | eath occurredyrs,mos | 7 | | yrs | 105 |
| 2. FULL NAME JUST | mingon Cost | ef If U. S. Veteran, | specify WAR | | |
| (a) Residence: No. //www | (Usual place of abode) | St., . [Q | If nonresident g | ive city or town and | I State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CE | ERTIFICATE | OF DEATH | |
| 3. SEX 4. COLOR OR RACE SLL'X | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | May (Month) | 1/3 | , 193 G . (Year) |
| 5a. If married, widowed, or divorced | 7 | | | | |
| HUSBAND of (or) WIFE of | | 22. I HEREBY | | | |
| 0. | 1. 22 1031 | I last saw h alive on | | 10 | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months | Days If LESS than | to have occurred on the date stated | | Ø _m | , 000(11 13 3010 |
| 4 7 | I day,hrs. | The PRINCIPAL CAUSE OF DEAT | | s of importance | Date of onset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | none | | | | - Date of ourset |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | / | | | | - |
| 19. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation | | | | |
| 12. BIRTHPLACE (city or town) - A-day (State or country) | land | Other Ceatributery Causes of impo | rtance: | | • |
| 13. NAME a. James (| Tonley | | | | |
| 13. NAME (, James) 14. BIRTHPLACE (cuy or town) (State or country) | autist | Name of operation What test confirmed diagnosis? | | Date of | |
| 15. MAIDEN NAME Cold gis | mmerman) | 23. If death was due to external cau | | | |
| [6. BIRTHPLACE (city or town) | 1-,, | Accident, suicide, or homicide? | Prind and | of Injury 5/2 | - / |
| 17. INFORMANT As James Co | pley, | Specific hetter injury occurred in | (Specify city or I INDUSTRY, In HO | town, county and Sta ME, or in PUBLIC PL | nte) LACE, |
| 18. BURIAL, CREMATION, OR REMOVAL Place Lenaus Tack, Saliale | Juapate 5/46/3/49 | Manner of injury Cruest | led to the | talk t | 4 |
| 19. UNDERTAKER The Will K (Address) Salis hungh, | When G. | 24. Was disease of hirury in any will so, specify | ay celated to occupa | tion of deceased? | 6 |
| 20. FILED May 26,19,36 0. | May Trusses Registrar. | (Signe d) (Address) | estron | AL | sone o |
| | Registrar. blanks are needed, address State Registrar, | | questing V. S. No. | and the | _ |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | Juy5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury Neture of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Address) If more blanks are receded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis JUN 6 1936 | 1915 | Attack of cpilepsy | 1 weck ogo |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gollstones | Moy 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

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| BINDING | PERMANENT R | EXACTLY. |
| FOR | IS A | stated |
| MARGIN RESERVED FOR BINDING | N. BWRITE Phalky, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state |
| 1 | ALX.Y, WIT | d be carefully |
| 7. S. No. 1 | N. BWRITE PD | mation shoul |
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| 1. PLACE OF DEATH | AND—CERTIFICATE OF DEATH 5545 |
|---|--|
| County Wisamisa | Registration Dist. No. 33 |
| Village or City Tyackeni | NoStV |
| Length of rasidance in city or town where death occurredyr | (If death occurred in a hospital or institution, give its NAME instead of street and number) Messds. How long In U. S. if of foraign birth?yrsmos |
| 2. FULL NAME Frankling | Tulver If U. S. Veteran, specify WAR |
| (a) Residence: No. Zysalim Ma (Usual place of about | St., Ward. |
| PERSONAL AND STATISTICAL PARTICUL | ARS MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (wind a lift married, widowed, or divorced HUSBANO of | (Month) (Day) (Year |
| (or) WIFE of Capilola Wille | 22. HEREBY CERTIFY That I attended decased |
| 6. DATE OF BIRTH (month, day, and year) | 2 18 5 6 I last saw h aliva on |
| | to have occurred on the date stated above, atm. |
| 80 1 1 Ld or. | The PRINCIPAL CAUSE OF DEATH and related courses of Importance were as follows: |
| d. Trada, profession, or particular kind of work done, as SPINNER, | F C |
| SAWYER, BOOKKEEPER, atc. | to routy embour |
| 9 Industry or business in which work was done, as SILK MILL, | e |
| Oate deceased last worked at this occupation (month and spent in the year) - 1994 occupation | his. 63 |
| 12. BIRTHPLACE (city of town) | Other Coutributory Causes of Importance: |
| 13. NAME William July | rer |
| 14. BIRTHPLACE (city or town) Jyasking | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Detay Larin | 23. If daath was due to axtarnal causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide?Oate of Injury, 19 |
| 17. INFORMANT MAN JAM | Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| (Addrass) 18. BURIAL, CREMATION, OR REMOVAL | Manual distriction |
| Place I speaking Date May | Mannar of injury |
| 19. UNOERTAKER Afra le Massing of | 24. Was disease or injury in any way related to occupation of dacassed? |
| 20. FILED Mars 15, 1936 1- Woolford | Walth (Signed) & aller digles |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | Example II | | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis = 1006 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage V, S. | July 5,1927 | Peritonitis . | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

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| | be | EA | imi |
| -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| E] | sh | 0 | IS V |
| RIT | tion | USI | Z |
| M | mat | CA | TIC |

B.—WRITE

V. S. No. 1

STATE OF MARYI AND-CERTIFICATE OF DEATH

| | Registration Dist. No. 22 St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) los. ds. How long in U.S. if of foreign birth? yrs. mos. ds. If U.S. Veteran, specify WAR 20. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Day) 1 HEREBY CERTIFY, Thet I attended deceased from 1935 to 2004 1936 |
|---|---|
| Village Dr City Length of residence in city or town where deeth occurred for yrs | (If death occurred in a hospital or institution, give its NAME instead of street and number) 10s. ds. How long in U.S. if of foreign birth? |
| Length of residence in city or town where deeth occurred yrs, m 2. FULL NAME (a) Residence: ND. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 58. If metried, widowed, or divorced | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 1 HEREBYCERTIFY, Thet I attended deceased from |
| (a) Residence: ND. / (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If metried, widowed, or divorced | MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 1 HEREBY CERTIFY, Thet I attended deceased from |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 5a. If metried, widowed, or divorced | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) 1 HEREBY CERTIFY, Thet I attended deceased from |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) 58. If metried, widowed, or divorced | 21. DATE OF DEATH (Month) (Day) , 193 (Day) |
| OR DIVORCED (write the word) 5a. It merried, widowed, or divorced | (Month) (Day) (Nac) |
| 5a. If merried, widowed, or divorced HUSBAND of (or) WIFE-of- | 22 I HEREBY CERTIEY, Thet I attended deceased from |
| | May 17 1936 to May 19, 1036 |
| Triving viennes | |
| 6. DATE OF BIRTH (month, day, end year) (MG-1, 18 19 | I last saw h fill on |
| 7. AGE Yeers Months Days If LESS then 1 dey,hr | to have occurred on the dete steted ebove, et |
| 96191/8 ormin. | were es follows: |
| 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. | Danie 1, B 192 |
| o. Industry or business in which work wes done, es SILK MILL, Harney SAW MILL, BANK, etc. | |
| 10. Dete decessed lest worked et this occupation (month and year) spent in this year) | |
| and | Dther Contributory Causes of importence: |
| 12. BIRTHPLACE (city or town) (Stete or count()) | Carola Cellentes 100 |
| # 13. NAME Jenkins Wennes | |
| 13. NAME LIBERT Centres 14. BIRTHPLACE (city or town) | Neme of operation Dete of |
| (State or country) | What test confirmed diegnosis? Was there an eutopsy? |
| 15. MAIDEN NAME Cles My. Oxopes | 23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | Accident, sulcide, or homicide? Dete of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mass Mass Claumen | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Piece / / It / laseus Date / ay 190 | Neture of injury. |
| 19. UNDERTAKER J. | 24. Wes disease or injury in any way related to occupation of deceased? |
| 20. FILED May 21, 1936 Lillian R. Dan Registrar. | (Signe Address) M. (Address) M. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriasclerosis JUN 5 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chranic interstitial nephritis | 1921 | Run over by street car | 1 week aga |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | 100 |
| Gallstones | May 1,1923 | Gastroenleritis | 1 year |
| | | | |

| STATE OF MARYLAND | CERTIFICATE OF DEATH 5547 |
|---|--|
| 1. PLACE OF DEATH | CONTRACTOR DEATH |
| | 20 333 |
| County Wicomes Co, | Registration Dist. No. |
| Village or City & alisbury | death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Blanche E. Dubes. | 191- |
| | St. Ward. Int Vernow, Mid. |
| (a) Residence: No. (Usual place of abode) | St., Ward. Ward. Ward. Ward. Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Female White OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| (or) WIFE of Frank Dukes | 22. I HEREBY CERTIFY, Ihat I attended deceased from |
| 6. DATE OF BIRTH (month, day, end year) March 12, 1886 | I last saw har alive on 5/4 ,1936; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, et 9462 m. |
| 50 1 22 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8 Trade profession or particular | were as follows: Date of onset |
| kind of work done, as SPINNER. Housewele | Pentonitis (amenum |
| kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | appendientio) |
| 0. Date decessed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation | |
| 12. BIRTHPLACE (city or town) Wisomisp Co | Other Contributory Causes of importance: |
| (State or country) | Feelesteel Obstrution |
| 13. NAME F. J. Trehearn 14. BIRTHPLACE (city or town) M. L. Wernon | |
| 4 14. BIRTHPLACE (city or town) Mt Version | Neme of operation Later Date of 1013 |
| (State of country) somerset (0, 100) | What test confirmed diagnosis? Office Was there an autopsy? |
| # 15. MAIDEN NAME Surah P. Horner | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 16. BIRTHPLACE (city or town) mt Vernon (State or country) | Accident, suicide, or homicide? Date of injury, 19 |
| E (State or country) somerset Co., Md. | Where did Injury occur? |
| 17. INFORMANT Mrs. Sarah Treheam | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL A A | Manner of injury |
| Place Int Vernon, Mapate May 6, 19 3 | Nature of injury |
| 19. UNDERTAKER Dale Dashiell | 24. Was disease or Injury in any way related to occupation of deceased? |
| (Address) Princess anne ma | If so, specify |
| 20. FILED May 3 19 36 & May home | (Signed) Oliman Files M. D. |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| JUN 6 1930 | | | |
| Other contributory causes of importance: V. S. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 1. PLACE OF DEATH County Multiparticle No. 33 No. 10 No. 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|---|--|
| Village or City Additional William Wil | 1. PLACE OF DEATH | UUTU |
| Langth of residence in city or town whole death occurred. Jr. mos. ds. How long in U. S. If of Institution, give in InNAME, interest of a rever and number) J. FULL NAME A. How long in U. S. Veteran, specify WAR. (a) Residence: No. 3 8 Langth of Residence in city or town whole death occurred. J. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED. So. Institute of Months St. I Ward. Ward. If annotificat cive city or town and State MEDICAL CERTIFICATE OF DEATH J. DATE OF DEATH 21. DATE OF DEATH A. DATE OF BIRSH (month, day, and year) J. Langth (month) day, and year) J. HER EBY C. ER T. I. F. T. | County Milymila | Registration Dist. No. 333 |
| Length of residence in city or town whele-death occurred. Jrs. mos. ds. How long in U.S. if of foreign birth? Jrs. mos. ds. if U.S. Veteran, specify WAR. 2. FULL NAME (a) Residence: No. 3 8 (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED, OR DIVORCED (write the word) Corn WiFe of Corn | Village or City Saliahury | No308 Lake St. 9 Ward |
| 2. FULL NAME (a) Residence: No. 3 8 (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED S. II Marriad, widowed, or divorced 4USAND of Control of | Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and number) |
| (a) Residence: No. 3 8 (Custaplace of shode) PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE S. SINCLE, MARRIER, WIDOWED, OR DIVORED (write that word) Sa. It married, widowed, or divorced (or) WIFE of (or) WI | 77. 05 | |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) OR DIVORCED (write that word) OR DIVORCED (write tha word) OR DIVORCED (write tha word) OR DIVORCED (write that | 60 | |
| 2. DATE OF DEATH 1. SAL 1. I marriad, widowed, or divorced (or) wife the word) 2. DATE OF BIRTH (month, day, and yaar) 2. DATE OF BIRTH (month, day, and yaar) 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Con Divided of Wife or Sal 1 in the word (word) Con Divided of Wife or Sal 1 in the word (word) Con Date Of BIRTH (month, day, and yaar) 2. DATE OF BIRTH (month, day, and yaar) 3. AGE | (Usual place of abode) | |
| OR DIVORCED (warite tha word) 52. If Marriad, widowed, or divorced HUSBAND of Copy Wife of o | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 59. If married, vidowed, or divorced HUSBAID of Cory wife | OR DIVORCED (write tha word) | 21. DATE OF DEATH 14 May 102 6 |
| HUSSAND OF (or) WIFE OF LAND AND AND AND AND AND AND AND AND AND | | (Month) (Day) (Yaar) |
| S. DATE OF, BIRTH (month, day, and year) 15 1. AGE | HUSBAND of | Mar. 0 31 |
| T. AGE Trade, profession, or particular and of work done, as SPINNER. SAVER, BOOKKEPER, etc. 2. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or business in which work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 3. Industry or work was done, as SILK MILL. SAWIER, BOOKKEPER, etc. 4. SILK WILL. SAWIER, BOOKKEPER, etc. SAWIER, BOOKKE | 6 DATE OF BIRTH (month day and was) 915 | May 16 3 |
| 1 day | | 100 |
| The profession or particular Wind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc. 1. Industry or business in which work was done, as SILK MILL, Sapentin this soccupation Other Coutributory Causes of importance: 1. Industry or business in which work was done, as SILK MILL, Sapentin this soccupation Other Coutributory Causes of importance: | 2 # 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| SAWYER BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAMMILL, BANK, etc. 12. BIRTHPLACE (city or town). (Stata or country) 13. NAME 14. BIRTHPLACE (city or town). (Stata or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (Stata or country) 17. INFORMANT MARIA ALARMAN DATE ALARMAN DATE ALARMAN DATE Place Public Place. (Address) 18. BURIAL, CREMATION, OR RENGVAL Place Public Place (Address) 19. UNDERTAKER (Address) 20. FILED May 16, 19.36 M. D. Regither. M. D. (Signad). M. D. (Address) M. D. (Address) M. D. (Signad). M. D. (Address) M. D. (Address) M. D. (Signad). M. D. (Address) | 8. frade, profession, or particular | Date of one of |
| Second Company Seco | kind of work done, as SPINNER. | acute, Lobar preumonia 79/31 |
| 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT MARKE Continuous (State or country) 17. INFORMANT MARKE Continuous (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Public Views 19. Undertaker Continuous 19. Undertaker Continuous 19. Undertaker Continuous 20. FILED Mary 16, 19. 36 20. FILED Mary 16, 19. 36 20. FILED Mary 16, 19. 36 21. It at time (years) spent in this soccupation Other Coutributory Causes of importance: Other Cou | 9. Industry or business in which work was dona, as SILK MILL. | |
| this occupation (month and 3 2 ft occupation (cupation docupation | | |
| 12. BIRTHPLACE (city or town) Date of (State or country) 13. NAME 14. BIRTHPLACE (city or town) Date of (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Date of (State or country) 17. INFORMANT ALAGEMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED May 18, 19 36 21. AMME Other Couributory Causes of importance: Name of oparation. Other Couributory Causes of importance: Other Couributory Causes of importance: Other Couributory Causes of importance: Name of oparation. Other Couributory Causes of importance: Other Couributory Causes of importance of impo | this occupation (month and 30 th spent in this | |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | 17.50 M. + in | Other Coutributory Causes of importance: |
| 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Date of 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. 34. 1 | | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Caracher (State or country) 17. INFORMANT Market (Address) 18. BURIAL, CREMATION, OR REMOVAL Market (Address) 19. UNDERTAKER (Address) 20. FILED Mary 16, 19-36 21. INFORMANT Market (Address) Was there an autopsy? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the foliowing: Accidant, suicide, or homicide? Accidant, suicide, or homicide? Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signad) (Signad) (Address) Alisabeth M. D. (Address) M. D. (Address) | 7/(2 | |
| What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Caracher (State or country) 17. INFORMANT Market (Address) 18. BURIAL, CREMATION, OR REMOVAL Market (Address) 19. UNDERTAKER (Address) 20. FILED Mary 16, 19-36 21. INFORMANT Market (Address) Was there an autopsy? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the foliowing: Accidant, suicide, or homicide? Accidant, suicide, or homicide? Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way ralated to occupation of deceased? If so, specify (Signad) (Signad) (Address) Alisabeth M. D. (Address) M. D. (Address) | I Confirmed | |
| The state of the s | (State or country) | 01, |
| Where did injury occur? 17. INFORMANT The Lange Country 18. BURIAL, CREMATION, OR REMOVAL Place Public View Data 3724 / 6 , 19. 34 19. UNDERTAKER (Address) 20. FILED May 16, 19. 36 Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In any way ralated to occupation of deceased? If so, specify (Signad) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the property of the property occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) (Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Address) (Address) | | |
| Where did injury occur? 17. INFORMANT The Lange Country 18. BURIAL, CREMATION, OR REMOVAL Place Public View Data 3724 / 6 , 19. 34 19. UNDERTAKER (Address) 20. FILED May 16, 19. 36 Where did injury occur? (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury In any way ralated to occupation of deceased? If so, specify (Signad) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (In the property of the property occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury (Specify city or town, county and State) (Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) (Address) (Address) (Address) | H Company | |
| 17. INFORMANT The Lange Covered in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Public View Data The Manner of injury Nature of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 10. 19. 36 (Address) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury (Signad) (Signad) (Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Manner of injury Nature of in | O 16. BIRTHPLACE (city or town) Classification (State or country) | |
| 17. INFORMANT ALGORITHM Spacific Courted in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Public View. Data Data 16., 19. 36 Manner of injury. Nature of injury. Nature of injury In any way related to occupation of deceased? (Address) 20. FILED May 16, 19. 36 Registrar. (Address) | 9 % 08 | (Specify city or town, county and State) |
| Place Public Vision Data 372 6, 19.36 Nature of injury 19. UNDERTAKER Tames Fi School Vision | (Address) Salisbury, Ind | Spacity whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 19. UNDERTAKER 20. FILED May 16, 19 36 V. Afray June (Signad) 20. FILED May 16, 19 36 V. Afray June (Signad) Registrar. (Address) Salisbury M. D. (Address) | 0 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | Manner of injury |
| 20. FILED May 16, 19 36 V. Afray Junes (Signad) Salisbury M. D. Registrar. (Address) Salisbury M. D. | Place Full Viss Data 122 /6 , 19 36 | Nature of injury |
| 20. FILED May 16, 19 36 & Majory Junier (Signad). (Address) Salisbury, M. D. (Address) | | |
| | 20. FILED | (Signad) M. D. |
| | 4 | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | 0 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| 1 | . PLACE OF DEATH | <u> </u> | , |
|----------|---|--|---------|
| | | Registration Dist. No. 33 racola Deneral Workstade /3 death occurred in a hospital or institution, give its NAME visited of street and number) | 3Ward |
| | Length of residence in city or town where death occurredyrs,mos. | ds. How long in U.S. if of foraign birth? yrs. mos. | ds. |
| 2 | (a) Residence: No. Royanna (Usual place of abode) | St., Ward. Delaware If nonresident give city or town and State | 1 |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH 31 | ear) |
| 5a. | If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended decases Osperiel 14: 19 36, to May 31, 19 | d from |
| | DATE OF BIRTH (month, day, and yaar) AGE Years Month Days If LESS than I day,hrs. | to have occurred on the date stated above, at | Is said |
| NOI | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | ware as follows: | fonset |
| CUPATION | 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc | | |
| 8 | Oate decaasad last worked at this occupation (month and yaar) | Other Contributory Canses of importance: | |
| | (State or country) | fishely ge | |
| FATHER | 13. NAME Sleson H. teraffer | 7 | |
| | 14. BIRTHPLACE (city or town) | Was there an autopsy? | 193. |
| HE | 15. MAIDEN NAME above & teroffere. | 23. if death was due to extarnal causes (VIOLENCE) fill in also the following: | |
| MOTHER | 16. BIRTHPLACE (city or town) Clases | Accident, suicide, or homicide? | |
| | INFORMANT La Carrier Dela | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | - |
| 18. | Place Appendig To Data 2 2 1936 | Manner of injury | |
| 19. | UNDERTAKER Holloway & lot. (Address) fulcitudes me. | 24. Was disease or injury in any way related to occupation of decaased? | |
| 20. | FILEO Jusse 1, 1936 V. May Turne Registrar. | (Signed) Sulface and | M. D |

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee,"," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I 🛏 | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RECEIVE | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstition nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage JUN 0 1330 | July 5,1927 | Peritonitis \S | 3 days ago |
| BUREAU VES. | | 3 | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | 1 |

| ADDITIONAL CRACE FOR DURMIER CHARLESTERING DV DIVICIONAL |
|--|
| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHISICIAN |
| Ino patiene was operated when in Wiling the Del Sofer 1935, on some channel |
| Twill. The dinloped & very large abditioned fishing which the could not been |
| She went to Rolliam when the evely not close the oping. The were han |
| and them owner here for Horfital care only and were wind have with death |
| San S |
| |

| County | 1 | | | Registration Dist. | No 322 |
|-----------------|---|----------------|-----------------------------------|--|--|
| , | 100 | 0 | | | 117 |
| Village or C | ity/soles-lee | my or | (If | NO. leath occurred in a hospital or institution, give its NAME inst | |
| Length of resi | idence in city or town where | death occurred | yrs. 3 mos | ds. How long in U.S. if of foreign birth? | _yrs mos |
| 2. FULL NA | ME morthy | 2 the | cher | #2- | |
| (a) Residen | ice: No. Salvin | lucy | md | St., Ward. | |
| | | (Unalpiaco | | | city or town and State |
| | AL AND STATIST | | | MEDICAL CERTIFICATE O | FDEATH |
| SEX | 4. COLOR OR RACE | | RRED, WIDOWED, D (write the word) | 21. DATE OF DEATH | 7 10.3 |
| emale | a.a. | -~ | 0 | (Month) | (Bay) (Year) |
| HUSBANO of | ved, or divorced | | | 22. A I HEREBY CERTIFY. | That I attended deceased I |
| (or) WIFE of | no | | | May 19 1936 to 1 | nay 8 19 0 |
| DATE OF RIPTII | (month, day, and year) | 7 | 1935 | I last saw h_ alive on May 18 | , 1986; death is |
| AGE Yes | | Days | If LESS than | to have occurred on the date stated above, at | _m. |
| (|) 5- | 11 | 1 dey, hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of were as follows: | and the second s |
| 8. Trade, profe | ssion, or particular | 3 | 1 01 | were as ronows. | Oata of o |
| kind of s | work done, as SPINNER, BOOKKEEPER, etc. | n | 0 | | |
| 9. Industry or | business in which is done, as SILK MILL, | | | 2 11 | |
| SAW MI | LL, BANK, etc | | | 1 Iroucho Tues | enercea St |
| I till 3 occu | sed last worked at pation (month and | spa spa | time (years) | | |
| year) | 0 0. | 063 | upation | Other Contributory Causes of importance: | |
| BIRTHPLACE (ci | | alvery | | malmiteles | W |
| (State or cou | intry) | 1-1 | ma | | |
| 13. NAME | hon Is le | when | , 1 | | |
| 14. BIRTHPLACE | E (city or town) | oleral | sleng | Name of operation | Oate of |
| | r country) | and | - () | What test confirmed diagnosis? | -Was there an aulopsy? |
| 15. MAIOEN NA | AME Plana | real | 0 | 23. If death was due to external ceuses (VIOLENCE) fill in | also the following: |
| | E (city or town) | Ceralse | ierga . | Accident, suicide, or homicide? Date | of injury, 19 |
| (State o | r country) | 4 | ma | Where did injury occur? (Specify city or town | n, county and State |
| INFORMANT | ahn till | leher | | Specify whether injury occurred in INDUSTRY, in HOME, | or in PUBLIC PLACE |
| (Address) | Solut | my n | 19 | | |
| 0 | TION, OR REMOVAL | e m | 1422.31 | Manner of injury | |
| Place State | THE YEAR | Oate. | 14.20,1936 | Neture of injury | 10 |
| 9. UNOERTAKER | Jas fi steel | ract | V | 24. Was disease or injury in any way related to occupation | of deceased? Lan |
| (Address) | sa | lecter | y my | If so, specify | 0-0 |
| O. FILED Ma | 4 20,036 8 | 1. Mad | & June | (Signed) | 2 |
| | | | | | |

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example 1 | 7 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis JUN 6 1936 | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of cpilcpsy | Date of onset |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | i | Example II | 7.7.10 |
|--|-----------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset 1 | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis OFFINED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---|---|
| 1. PLACE OF DEATH W. 130 | (B) |
| County/ Mesmile | Registration Dist. No. 33.2 |
| will a min | |
| Village or City // (If | NOSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. if of foreign birth?yrsmosds |
| 2. FULL NAME Frank M. Fulm | If U. S. Veteran, specify WAR No. |
| will med | |
| (a) Residence: No. (Usual place of abode) | St., Ward. |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3.6EX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH & |
| Male White Hidowe | May. 24 , 193 (Monthly (Day) (Year) |
| Sa. If married, widowed, or divorced | |
| HUSBAND of Della Fi Fly Proces | 22. I HEREBY CERTI-5X, That I attended daceased from |
| 24. 12. 10 | 12 Cay 1936 to May 24 , 1936 |
| 6. DATE OF BIRTH (month, day, and year) March 24. 186 | last saw hardalive on the after 19.36, death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date statad above, at |
| 73 2 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importanca were as follows: |
| 8. Trada, profassion, or particular | Date of onset |
| kind of work dona, as SPINNER, Carnter SAWYER, BOOKKEEPER, etc. | Centre legingitating 193. |
| 9. Industry or business In which | |
| work was dona, as SILK MALLEUR SEE SAW MILL, BANK, etc. | |
| 11. Total tima (years) this occupation (month and | A |
| yaar) yaar ogcupation ogcupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | College Control of Importance. |
| (State or country) | Be Chill rascular |
| W 13. NAME Selar Julnu | Dance & 193 |
| 14. BIRTHPLACE (city or town) Louth Birth | Name of operation |
| (State or country) | What tast confirmed diagnosis? |
| 15. MAIDEN NAME Much Brines | |
| 1. 7/ 12. | 23. If death was dua to external causes (VIOLENCE) fill in also the following: |
| O 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? |
| De 12. 25 Fr. 12. | Whera did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Willards md. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL 6 | Manner of Injury |
| Place arms an Date May 26, 1936 | Nature of Injury |
| Hellowar L Go | 9. |
| 19. UNDERTAKER (Addrass) | 24. Was diseasa or injury in any way related to occupation of deceased? |
| Marian Comment | If so, specify |
| 20, FILED May 2-10 19 2/10 trellian 1: Lan | (Signed) M. I |
| Land Registrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage REAUV. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | 7 | | |

FOR BINDING

MARGIN RESERVED

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 5553 |
|--|--|
| 1. PLACE OF DEATH . | (131) |
| county to - co find the contract of the contra | Registration Dist. No. |
| Village or City of alusbury (16 | No. St., St., Was f death occurred in a horpital or institution, give its NAME instead of street and number) |
| | ds. How long in U.S. If of foreign birth?yrsmos |
| 2. FULL NAME Clarence Gubson | |
| (a) Residence: No. Salistur Binder | Ast., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINCIF MARRIED WIDOWED | MEDICAL CERTIFICATE OF DEATH |
| male White OR DIVORCED (grine the word) | 21. DATE OF DEATH (Mohth) (Day) (Year) |
| a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 2A // I HEREBY CERTIEY, That I attended deceased fr |
| 1 119 19 19 | 41/1 ay 10 ,1936, to May 11 ,193 |
| DATE OF BIRTH (month, day, and year) AGE Years Month Days If LESS than | I last saw h |
| 69 10 2 1 dayhrs. | The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca week as follows: |
| Frade, profassion, or particular kind of work dona, as SPINNER, Laborer SAWYER, BOOKKEEPER, atc. | Scuh Wilahin Dearl. Mayle |
| 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 10 Date deceased lest worked at this occupation (month and 4 days spent in this 3 2 24) | |
| year) occupation occupation | Other Contributory Causes of importance: |
| 2. BIRTHPLACE (city or town) Mt. V. Lamon (State or country) Md. | Cumie Aux McChurts |
| 14. BIRTHPLACE (city or town) unknown | |
| 14. BIRTHPLACE (city or town) unhum | Name of operation Date of |
| (State or country) when yeur | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Mariak Gibeon | 23. If death wes due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) That Vernon | Accidant, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| (Address) Salisbury md | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| B. BURIAL, CREMATION, OR REMOVAL | Menner of injury |
| Place ma Dunan, My Data may 12 , 1936 | Nature of injury |
| O. UNDERTAKER Duk Dashiell (Addrass) Princess and ma | 24. Was diseasa or injury in any way ralated to occupation of decessed? |
| 0. FILED May 11, 19 36 & May Turner | If so, specify (Signed) (Signed) M |
| Registrar. | (Address) - Valuation IV |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| | Example I | | Example II | |
|----------------------------|-----------------------------------|---------------|--|---------------------------|
| of importance were as | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephr | itis Hill D 1000 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | 00N 0 1936 | July 5, 1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory cau | ises of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | 1 1 | | |

| ADDITIONAL SPACE P | OR FURTHER STATEM | IENTS BY PHYSICIAN | |
|--------------------|-------------------|--------------------|--|
| | | | |
| | | | |
| | | | |

TION is very important. See instructions on back of certificate.

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 5554 |
|--|--|
| 1. PLACE OF DEATH | (29) |
| County llelomica | Registration Dist. No. 333 |
| Village or City Racka a walkin MR | No. St., 9 Ward |
| Length of residence in city or town where death occurred | death occurred in a hospital or institution, give its NAME instead of street and unmber) ds. How long in U.S. if of foreign birth?yrs,mosds |
| 2. FULL NAME Galven Garden | |
| (a) Residence: No. Pack awachi | St. Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Sa. If marriad, widowed, or divorced | 21. DATE OF DEATH May (Month) (Oay) (Year) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attended deceased from 5-14/ 1934 to 5-1/3/ 1934 |
| DATE OF BIRTH (month, day, and year) File 16 19 19 | liast saw have alive on 6-//3/ 1986; death is sel |
| 7. AGE Years Months Days If LESS than 1 day, | to have occurred on the date stated above, at 5:20A.m. |
| 17 2 27 or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: |
| Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Broucho-preumanea 12da |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. | |
| this occupation (month and goffice spent in this year) / 9.36 II. Total time (years) spent in this year) | |
| balance | Other Coutributory Causes of importance: |
| (State or country) | General Peritantes not de 2 das |
| | to appardicibia; but resulting from the broken |
| | Name of operation. |
| (State or country) | What test confirmed diagnosis? Cleaning Was there en autopsy? |
| 15. MAIDEN NAME Elizabeth Tardy | 23. If death was due to external causes (VIOL ENCE) All In also the following: |
| 15. MAIOEN NAME Elizabeth and 16. BIRTHPLACE (city or town) Prince La anne | Accident, suicida, or homicide? |
| (State or country) md | Where did Injury occur? (Sporty city or town, county and State) |
| 17. INFORMANT MINS Elizabeth Jarrey (Address) Ruels according And | Specify whether injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Pulhowalker m. Bate May 16, 1936 | Nature of Injury |
| 19. UNDERTAKER James 4. Stewart | 24. Was disease or injury in any way related to occupation of deceased? |
| 20, FILEO May 16,19 36 D. Pakay Turner | (Signed) M. |
| Registrar. | (Address) Jaffshury . Whatf |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis JUN 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastrocnteritis | 1 year |
| | | | |
| | الــــــا | | |

| ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA | ADDITIONAL | SPACE FOR | FURTHER | STATEMENTS | BY | PHYSICIA |
|---|------------|-----------|---------|------------|----|----------|
|---|------------|-----------|---------|------------|----|----------|

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAproperly classified. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

| STATE | OF | MARYLAND | -CERTIFICATE | OF | DEATH | 5555. |
|-------|----|----------|--------------|----|-------|-------|
|-------|----|----------|--------------|----|-------|-------|

| 1. PLACE OF DEATH | (3) | |
|---|--|---------------|
| County of econico | Registration Dist. No. 33 | 2 |
| Village Dr City Pettsville | No. St. | Ward |
| 31 | (If death occurred in a hospital or iostitutioo, give its NAME instead of street and | number) |
| Length of residence in city or town where daeth occurred or yrs. | mosds. How long In U.S. if of foreign birth?m | osds |
| 2. FULL NAME CAMPILE FRANCE | If U. S. Veteran, specify WAR | |
| (a) Residence: No. Sullswille | St., Ward. | |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED | A land | |
| OR DIVORCED (write the word | | 193 |
| 5e. If merried, widowed, or divorced | (Month) (Day) | (Year) |
| HUSBAND of Oor WIFE of | 22. HEREBY CERTIFY That I attended | deceased fro |
| William Hall | Melenay/ 193V to May 3 | 0 1930 |
| 5. DATE OF BIRTH (month, day, and year) 12,187 | 1 last saw hele alive on May 30 1, 1936 | ; death is sa |
| AGE Yeers Months Days If LESS that | | |
| 66 40 18 1 dey, | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | |
| 1 9 Trade profession or particular | more as follows. | Date ot ons |
| SAWYER, BOOKKEEPER, etc. | Inspire Literalities | 193 |
| 9 Industry or business in which work was done, es SiLK MILL, | Caeplintis | |
| SAW MILL, BANK, etc | | |
| 1D. Date deceased last worked at this occupation month and years occupation worth and years | 0 | - |
| A. Occupation - Sample | Dther Contributory Causes of importance: | 0 |
| 12. BIRTHPLACE (city or town) (State or country) | | agraca |
| | - Chillio delinoso | 193 |
| | | |
| (Stete or country) | Name of operation Date of | |
| FI JH J | What test confirmed diagnosis? | |
| 15. MAIDEN NAME (olyptille ong | 23. If death was due to external causes (VIOLENCE) fill in also tha following | : |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Data of Injury | ,19 |
| (Stata or country) | Where did Injury occur? (Specify city or town, county and Stat | (e) |
| 17. INFORMANT Millams To Tage | Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PL | ACE. |
| (Address) 8. BURIAL, CREMATION, OR REMOVAL | | |
| Place And Company Date 2000 2 19 | Manner of injury | |
| mil trada | Nature of injury | -111111 |
| 19. UNDERTAKER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 24. Wes disease or Injury in any way retated to occupation of deceesed? | |
| (Address) | tf so, specify | |
| 20. FILED Line. 1, 1936. Callian M. Dan | (Signèd) | M. |
| C Registrar | rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | <i>f</i> |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|---|------------------------|--|---------------|
| The principal cause of death and related of importance were as follows: Arteriosclerosis | Causes Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| AT | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage JUN 3 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU | v. S. | | |
| Other contributory causes of importance | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 5556 |
|--|---|
| 1. PLACE OF DEATH | |
| County Wiccennico | Registration Dist. No. 33% |
| Village or City Tyclasen | No. St Ward |
| Length of rasidance in city or town where death occurradyrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds. |
| 2. FULL NAME Infant Handy | If U. S. Veteran, specify WAR |
| (a) Residence: No. Inastein Md | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH 5 - 4 193 6 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of | 5 - 193 610 5 - 4 193 6 |
| 6. DATE OF BIRTH (month, day, and year) | I last saw halive on 5-3, 19.36; death is said |
| 7. AGE Yaars Month's Days If LESS than | to have occurred on the date stated abova, atm. |
| 3 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of importanca |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, | mother usane. Date of onset |
| SAWIER, BUDNNEEPER, GIG | Luctic, I don't |
| Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc | provide copie of |
| 10. Date deceased last worked at 11. Total time (years) | " dead |
| this occupation (month and spant in this occupation | Overland (Smothered:) |
| 12. BIRTHPLACE (city or town) Jyaskey, (State or country) | Other Contributory Causes of importance: |
| ш 13. NAME 7 | |
| 13. NAME 14. BIRTHPLACE (city or town) | Name of operation |
| (Stata or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Lawrey Jones | 23. If daath was due to axternal causes (VIDL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury19 |
| State or country) | Whare did injury occur? |
| 17. INFORMANT Lawren Hamely (Address) Lucipan et al. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place June 1990 1954 | Nature of Injury |
| 19. UNDERTAKER MALL COMPLETE AND ASSESSION ASSESSION OF COMPLETE AND A | 24, Was disaase or injury in any way related to occupation of daceased? |
| 20. FILED Macs 5, 1936 11. Worlford Valter. Registra. | (Signad) Delle Sules M. B. (Addrass) Munteurle mil |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| The Property of the Property o | -73 | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones . | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ż

| STATE | OF | MARYLAND—CERTIFICATE OF DEATH | 555 |
|-------------------|----|-------------------------------|-----|
| 1. PLACE OF DEATH | | 1200 | |

| 1. PLACE OF DEATH | CERTIFICATE OF BEATH 111 |
|--|--|
| County Wicomico | 20 |
| Village or City Salisbury P. Y. H | Registration Dist. No. 339 St., 13 Ward f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | s9_ds. How long In U.S. If of foreign birth?yrsmosds. |
| (a) Residence: No. Zyaskin md. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED. | MEDICAL CERTIFICATE OF DEATH |
| J. Col. OR DIVORCED (write the word) Widowed | 21. DATE OF DEATH May (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WiFE of William Handy | 22. I HEREBY CERTIFY, That i attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) July 4. 1905 | last sawh ex alive on 2 2 6 19 6 death is said |
| 7. AGE Yaars Months Days If LESS than | to have occurred on the date stated above, et /: 30 A_m. |
| 30 10 23 1 day,hrs. | the rainciral Cause of DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, | Corrage tolina Date of onset |
| kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. Industry or business in which | This is on sperative death, and not a pro- |
| work wes dona, as SILK MILL, SAW MILL, BANK, etc | ersperal death. See had recovered from her |
| 10. Data decaasad last worked at this occupation (month and year) spent in this occupation | for sterilization. Cow. & R. |
| 12. BIRTHPLACE (city or town) Zyaskin (Stata or country) | Other Contributory Causes of importance: |
| E 13. NAME azariah Dashiell | Mon-Thursferol. |
| | Clity activity |
| (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Clara Dushiell | What test confirmed diagffosis? Was there an autopsy? 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Tyaskin | Accident, suicide, or homicide? Date of injury19 |
| (State or country) md. | Where did injury occur? |
| 17. INFORMANT Gether Farring to | (Specify city or town, county and State) Specify whather Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL . Male May 28 19.36 | Manner of injury |
| 19. UNDERTAKER Mrs. C. Y. messich + S. (Address) | Nature of injury |
| 20. FILED May 28, 19 36 V. May Turner Registrar. | (Signed) following L. A. Rademaker M. D. (Address) 1/2 / Dan of Oalstony Indiana |
| | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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| | Example 1 | | Example 11 | |
|---|-----------------------------------|---------------|--|---------------|
| The principal cause of of importance were as | death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | TO FORINGE | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephr | itis | 1921 | Run over by street car | 1 wcek ago |
| Cerebral hemorrhage | JUN (1 1036 | July 5, 1927 | Peritonitis | 3 days ago |
| | L HIPPALL X. S | | | |
| Other contributory cau | ises of importance: | | Other contributory causes of importance: | 100 |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| distribution of the second of | | | | |
| | | | | |

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of

-WRITE PEAINEY, WITH UNFADING INK-THIS

be carefully supplied.

mation should

N. B.

certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | 39 | A + A |
|--|--|---|----------------------------------|
| County Micomie | | Registration | Dist. No. 333 |
| Village or City Jalis | 1 | d-11 /1 /1 | n St 9 Ward |
| | 1h- (1 | death occurred in a hospital or institution, give its NAM | IE instead of street and number) |
| Langth of residence in city or town when | · - · · · · · · · · · · · · · · | ds. How long in U.S. If of foraign birth? | yrsmosds. |
| 2. FULL NAME Jeron | ne I! Hayma | If U. S. Veteran, specify WAR | *********** |
| (a) Residence: No. 500 | M. Division | St., Ward. | |
| | (Usual place of abode) | If nonresiden | t give city or town and State |
| PERSONAL AND STATIS | TICAL PARTICULARS | MEDICAL CERTIFICAT | E OF DEATH |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word) | 21. DATE OF DEATH | |
| Male White | Hidowed | (Month) | (Day) (Year) |
| 5a. If marriad, widowad, or divorced HUSBAND of | | | |
| (or) WIFE of Charita | Nonman | 1 HEREBY CERTIF | Y. That I attanded deceased from |
| 1850 | 0 1 | 19 10 | 3 , 19 76 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaers Months | no Mecord | I last saw h alive on | 192.9.:; death is said |
| 20 | Days If LESS than 1 day, | to have occurred on the date stated above, at _3: The PRINCIPAL CAUSE OF DEATH and related cau | |
| about 86 | ormin. | ware as follows: | Date of onset |
| ATrade, profession, or particular kind of work done, as SPINNER, | en America | - Couli neghod | 1 , week |
| SAWYER, BOOKKEEPER, etc | reperverson licensine | \$ | |
| work was done, as SILK MILL, | Kieomieo la. | | |
| SAW MILL, BANK, etc | /9 11. Total time (yaars) | | ~~~~~ |
| this occupation (month and year) | y spant in this occupation 5 42 | | |
| | + 0 | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) (State or country) | mersie 10. | wants menus | 2 0 72 |
| 13. NAME B. Rank | margianie. | | ······ |
| I 13. HAME J. Trank | 1 do yman | | |
| 14. BIRTHPLACE (city or town) | merset Co: | Nama of operation | Data of |
| (State of country) | Marylands. | What test confirmed diagnosis? | Was there an autopsy? |
| 15. MAIDEN NAME Dennie | the Brown | 23. If daeth was due to axtarnal ceusas (VIOLENCE) | ill In also the following: |
| and I | merset Co. | Accident, suicide, or homicide? | Date of injury 19 |
| (State or country) | Maryland | Where dld injury occur? | Town, county and State) |
| 17. INFORMANT G. P. T. Z | cel | Specify whether Injury occurred in INDUSTRY IN H | OME, or In PUBLIC PLACE. |
| (Address) Salis | very, Maryland. | | |
| 18. BURIAL, CREMATION, OR REMOVAL | 1 2 v. m. | Manner of injury | |
| Placa Tassons Cla | Dete May 7, 1936 | Nature of injury | |
| 19. UNDERTAKER This Hill | & Johnson 00 | 24. Was disease or injury In any way ralated to occu | pation of deceasad? |
| (Addrass) Salis | Topy md. | If so, specify | A |
| 20. FILED May 7 1936 | May Junes | (Signed) | while M.D. |
| | Registrar. | (Address) failis | hing new |
| If mo | re blanks are weeded, address State Registrar. | 2411 N. Charles Street, Baltimore, Requesting U. S. No | i. 7. |

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| ple I | | Example II | |
|--------------------|---------------|---|---|
| nd related causes- | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| WIN 6 1936 | 1915 | Attack of epilepsy | 1 week ago |
| 3011 | 1921 | Run over by street car | 1 week ago |
| BUREAU V. | July 5 1927 | Peritonitis | 3 days ago |
| mportance: | | Other contributory causes of importance: | |
| | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | JUN 6 1936 | nd related causes— Date monset JUN 6 1936 1945 1984 PAUV. July 5 1927 mportance: | The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis Other contributory causes of importance: |

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOXO. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

| STATE OF MARYLAND | CERTIFICATE OF DEATH 5559 |
|--|---|
| 1. PLACE OF DEATH | m. 9 |
| county/2 longe for | Registration Dist. No. |
| Village or City Salurly Ma. | No. R.D. ## 3 St., S Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosms, |
| mathe m 24 | |
| 2. FULL NAME /// DE 3 | 17 0. S. Veteran, specify WAR |
| (a) Residence: No. 1 (Usual place of aboye) | St, Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. Sex 4. COLOR OR RICE 5. SINGLE, MARNED, WIDOWED, Object (Write the word) | 21. DATE OF DEATH May 19. (Year) |
| 5a. If married, widowed or divorcad | |
| (or) WIFE of peych S. Hayman | 1 HEREBY CERTIFY. That I attended deceased from |
| Nov 27/ 1863 | Hast saw her aliva on may 8 19. 3 daeth is said |
| 6. DATE OF BIRTH (shorth, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at & 2 m. |
| 72 5 22 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. | Siebeles Mellilie wet Muham |
| work was done, as SILK MILL. | Infection of Decubrus 5/5/3/ |
| SAW MILL, BONK, etc | 0 |
| this occupation (month and spent in this occupation | Other Coatributory Causes of importance: |
| 12. BIRTHPLACE (city or town) July / Mag / 1 | of yopperlansion (When |
| (State or country) | Chrim Vals. Hears Dieses When |
| 13. NAME Koman / yandall 14. BIRTHPLACE (city or town) Chine of Lague | |
| I4. BIRTHPLACE (city or town) lun Cottague | Neme of operation |
| (State of country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Patty any fulld | 23. If death was dua to axternal causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| Man. a. L. Mr Daniel | Where did injury occur?(Specify city or town, county and State) |
| 17. INFORMANY (Address) P.D. +#3 Saling md. | Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CRIMATION, OR TEMOVAL M. Dal May 21, 1934 | Manner of injury |
| 19. UNDERTAKER V by Statistics of the Control of th | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED May 4, 19 3/6 & May June | (Signed) Herry M. D. |
| Registrar. If more blanks are needed, address State Registrar. | (Address) And Market No. Charles Street Baltimare Requesting 9) S. No. 1 |

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis UN 6 1936 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| DOKEAU V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| S | TATE | OF MARYLAND- | CERTIFICATE OF DEATH | 560 |
|--|---------------------|------------------------------|--|-----------------|
| 1. PLACE OF DEAT | Н | | (549) 2 2 | 4 4 |
| County | Ton | yes | Registration Dist. No. | 33 |
| Village or City | les | herry | No Ten Sen Hor St | 12 W |
| | | | death occurred in a hospital or institution, give its NAME instead of street | |
| Length of residence in Cit | y or town wher | e death occurredrrsmo | ds. How long in U.S. if of foreign birth? | mos |
| 2. FULL NAME | | L. Helle | 194- | |
| (a) Residence: No | Bu | (Usual place of abode) | Jahn Ward C. | |
| PERSONAL AN | DSTATIS | TICAL PARTICULARS | If nonresident give city or town MEDICAL CERTIFICATE OF DEAT | |
| | OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | 10 |
| toucale W | le to | OR DIVORCED (write the word) | many 15 | 1936 |
| 5a. If married, widowed, or divor | red) | 7770000 | (Mynth) (Day) | (Year) |
| HUSBAND of 6 | | 1/2002 | 22. I HEREBY CERTIFY, That I atte | nded deceased i |
| cept | n | in Acellian | 1936 to 3/15 | 19-3 |
| 6. DATE OF BIRTH (month, day | and year) | lav3-/886 | I last saw her alive on 3/15 , 19 | 36 ; death is |
| 7. AGE Years | Months | Days If LESS than | to have occurred on the date stated above, at 1230.m. | |
| 50 | 1 | /3 1 day, hrs. ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | Date of o |
| 8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE | rticular SPINNER | 7/ | | Date of o |
| kind of work done, a SAWYER, BOOKKEER | | to ask wife | Post Opentive Vetace | 2 |
| 9. Industry or business in work was done, as S | LK MILL. | | | |
| SAW MILL, BANK, e | ed at | 11. Total time (years) | The hysterectory was performed for t | Pebroid |
| this occupation (mon year) | th and | spent In this | of reternal; not for concer. Culson | |
| | Was | desterten | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) (State or equntry) | 100 | ugland | Q-000 | |
| 13. NAME | | Pulle | | |
| E | Mo | 100 100 1100 | Hesteretone. | 5/12 |
| 14. BIRTHPLACE (city or town (State or country) | in) Tu | Carela | Name of operation Date What test confirmed diagnosis? | 7 |
| 15. MAIDEN NAME | 1,006 | Di 109 Bullon | | e an autopsy? |
| T C DISTURDANCE C I | O'U | a de litera la | 23. If death was due to external causes (VIOLENCE) fill in also the foli | |
| 16. BIRTHPLACE (city or tow (State or country) | MIC | careloud | Accident, suicide, or homicide? Date of injury Where did injury occur? | |
| Mhen | 14.6 | (h 00 a | (Specify city or town, county and | d State) |
| 17. INFORMANT | 0.01 | 1000000 4/10 | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI | G PLACE. |
| 0 0 | MOVAL | (1) | Manner of injury | |
| Horaco or see of | PAT | Whate May 7,195 | Nature of Injury | |
| Man. | | Plan | | |
| 19. UNDERTAKER | | De to the said | 24. Was disease or injury In any way related to occupation of deceased | d? |
| May 14 | 21 | 1. 12. 11. 11. | If so, specify (Signed) Clearly The | |
| 20. FILED May 10, 1 | 9.06 | L. May June Registrar. | | ad_ |
| A | 7.6 | ,,, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | | Example II | T |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis UIN 8 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5, 1927 | Perilonilis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

he properly classified.

CAUSE OF DEATH in plain terms, so that it may

N. B.-WRITE PLAINLY,

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| - | STATE OF MARTLAND | CERTIFICATE OF DEATH | |
|-----------------|--|--|--|
| | 1. PLACE OF DEATH | (23) | |
| | County / Leconer | Registration Dist. No. 330 | |
| | Village or City New Mardela Sop | No. St, Ward | |
| | | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| | 2. FULL NAME OM C. A | n m O lif U. S. Veteran, specify WAR | |
| | (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Ì | 3. SEX 4. COLOR, OR-RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Mouth) (Dey) (Year) | |
| | 5a. If merried, wildowed, or diversed HUSBAND of (or) WIFE of GLOGICA HENRY CAS | 22. I HEREBY CERTIFY, That I attended deceased from | |
| re. | 6. DATE OF BIRTH (month/day, end year) lune 136 | 1 lest saw h 4 elive on 72 as 7 1936; death is said | |
| certificate | 7. AGE Years Months Deys If LESS then | to heve occurred on the date stated above, et 4751.1-m. | |
| rtit | 49 10 26 1dey,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows: | |
| ce | 8. Trede, prolession, or particular | | |
| of | kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc | Fulleriare Tubliculois | |
| back | 9. Industry or business in which work wes done, as SILK MILL, | | |
| | SAW MILL, BANK, etc | | |
| 10 9 | this occupetion (month end spent in this occupetion occupetion | | |
| ons | at the man. | Other Contributory Causes of Importence: | |
| ncti | 12. BIRTHPLACE (city or town) (State or country) | | |
| instructions on | | | |
| | E //2 40. Q. | | |
| See | 14. BIRTHPLACE (city or town) (/// 20) | Neme of operation Dete of | |
| | 1 2 | Whet test confirmed diegnosis? Was there en autopsy? | |
| ani | I | 23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: | |
| ort | 16. BIRTHPLACE (city or town) (Stete or country) | Accident, sulcide, or homicide? | |
| important. | CHANGIS HIM MADO | Where did injury occur?(Specify city or town, county and State) | |
| r. | 17. INFORMANT (Address) | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| is very | 18. BURIAL, CREMATION, OR REMOVAL 129 | Manageria | |
| | Place With ams 13 Date Way 15 193 | Manner of injury | |
| TION | 1 6 mlanca | Neture of injury | |
| TI | 19. UNDERTAKER 12. homas | 24. Wes disease or injury in any wey related to occupetion of deceased? | |
| 7 | mail 1 | If so, specify William Comments | |
| 1 | 20. FILED | (Signed) William Office M.D. (Address) Helper - 27) | |
| Name of Street | Acgurar. | (100103) | |

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| | Example I | li li | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED | 1915 | Attack of cpilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | JUN 4 1936 | July 5, 1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|---|--|--|-------------|
| ERMANEN | EXACTI | classified. | |
| S IS A PI | stated] | properly | certificat |
| NK-THIS | should be | it may be | n back of |
| ADING D | d. AGE | s, so that | ructions o |
| TH UNF | lly supplie | olain term | See inst |
| INLY, WI | be carefu | EATH in 1 | important. |
| WRITE PLA | lation should | AUSE OF D | ION is very |
| N. B.— | m | 0 | 1 (7 |

| STATE O | F MARYLAND- | CERTIFICATE OF DEATH | 5562 |
|---|-------------------------------------|---|-------------------|
| County Wie DAIRS | | Registration Dist. No. | 333, |
| Village or City | my marks | f death occurred in a hospital or institution, give its NAME instead of s | |
| 2. FULL NAME (a) Residence: No. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (Usual place of abode) | Ward. 2339 | town and State |
| PERSONAL AND STATISTIC | CAL PARTICULARS | MEDICAL CERTIFICATE OF DE | EATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIDOWED, OR OIVORCED (write tha word) | | 21. DATE OF DEATH (Month) (Day) | , 193 🖢 |
| 5a. If married, widowad, or divorced HUSBAND of (or) WIFE of 6. OATE OF BIRTH (month, day, and year) | | 22. HEREBY CERTIFY, That t | (Year) |
| | | Hast saw h aliva on has a | |
| 7. AGE A Months Months | Days If LESS than 1 day,hrs. ormin. | to have occurred on the date stated above, at | ance Dats of onse |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc | | Shower Brights | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MtLL, BANK, etc. | | | |
| Oate deceased last worked at this occupation (month and year) | | Other Contributory Causes of Importance: | |
| 2. BIRTHPLACE (city or town) (State or country) | , were | Total full | |
| 13. NAME | Jun , | | |
| 14. BIRTHPLACE (city or town)(Stata or country) | ner | Nama of oparation | |
| 15. MAIDEN NAME | more | 23. If death was dua to extarnal causes (VIOL ENCE) fill in aiso th | |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) | June 1 | Accident, suicide, or homicide?Oate of injury, 19 Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE. | |
| 7. INFORMANT Sayinsyla (Address) Jalist Pr | iseneral Hospi | | |
| Pulce Property of Removal 6 | Date of May 26,10 3 | Manner of injury | |
| 9. UNOERTAKER PRINCIPLE (Address) | Site our miles | 24. Was disease or injury in any way related to occupation of dec | eased? |
| 20, FILED May 26,036 & | May June | (Signed) W. D. Washy (Address) Also from | |

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|---|---------------|--|---------------|
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| BUREAU V.S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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| Brample I | | | | | Example II | |
|--|------------------|---------|----------|-----------------|--|---------------|
| The principal cause of do of importance were as fo | eath an Crelated | hauses[| Doat | of onset | The principal eause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | JUN 6 | 1936 | | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrita | 8 | 1000 | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU | V.S. | Jul | 15,1927 | Peritonitis | 3 days ago |
| | | | | | | |
| Other contributory cause | es of importance | | | | Other contributory causes of importance: | |
| Gallstones | | Ma | y 1,1923 | Gastroenteritis | 1 year | |
| | | | | | | |
| | | | | | | |

BINDING

RESERVED

MARGIN

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

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| 3 | | ' | |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| 4 | | | |
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| OS OS | |
| | |

| STATE OF MARYLAND- | -CERTIFICATE OF DEATH 5565 |
|---|--|
| 1. PLACE OF DEATH | <u> </u> |
| County llueanice | Registration Dist. No. |
| Village or City Splealury | Notenensula Gen: Hospitalst, B War |
| | If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth? |
| 2. FULL NAME John Jones | |
| 10 10 -1 | O Chr. a Word |
| (a) Residence No. Alman alley (Usual place of abode) | Maris Wald. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH |
| 5a. If married, wildowed, or divorced | |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. That I attended deceased fro |
| 6. DATE OF BIRTH (month, day, and yeer) | I tast saw harmalive on 5/28 , 1936; death is sa |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 5302. m. |
| 5 5 Laday, hrs | The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: |
| Trade, profession, or particular | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Viaeuna |
| work was done, es SILK MILL, Galorer SAW MILL, BANK, etc Lalorer | |
| this occupation (month and | |
| year) 19-3-6 about occupation the | Other Contributary Causes of importance: |
| 12. BIRTHPLACE (city or town) | Other continuity custo of Amportance. |
| (State or country) | Colemnia replentio |
| 13. NAME renformer | |
| 14. BIRTHPLACE (city or town) Company (State or country) | Name of operation |
| (State of country) demanded | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME aun franceire | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 15. MAIDEN NAME authority 16. BIRTHPLACE (city or town) (State or country) | Accident, sulcide, or homicide? |
| 010 410 6 | Where did injury occur? (Specify city or town, county and State) |
| (Address) La Ladrena 22 d | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL alisthay | Manner of injury |
| Place while toim. md Date may 3 1, 19 3 | Nature of injury |
| 19. UNDERTAKER JAS JI Slewart | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) Salerlang mid | If so, specify |
| 20. FILED May 3, 1936 O May Jumes Registrar. | (Signed) Clean M. (Address) Daliahary Seeb |
| · · | 7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| | Example I | | Example II | |
|--|----------------------------|---------------|--|---------------|
| The principal cause of importance were | f death and related cruses | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nep | ritis JUN 6 1938 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |

V. S. No. 1

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 5566 |
|----------|-------------------------------|------|
| | | |

| 1. PLACE OF DEATH | | 940 20 |
|--|------------------------------|--|
| County llecome | e a | Registration Dist. No. 333 |
| Village or City Salesly | ing Ina | NoTenemanla Year Hanfile St., 13 Ward |
| | 11 1000 | f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds. |
| Length of residence In city or town where | death occurredmos | sds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Along | and | 23×- |
| (a) Residence: No. 13 ex | (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATIST | | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| 20 1 2 | OR DIVORCED (write the word) | man 21 193 6 |
| 5a. If married, widowed, or divorced | marilal | (Month) (Day) (Year) |
| HUSBAND of | 0 | 22. I HEREBY CERTIFY, That I attended deceased from |
| (or) WIFE of Dono Car | ul Janes | april 4, 7, 1936, to may 21, 1936 |
| 6. DATE OF BIRTH (month, day, end year) 8 | 11 Tol- know | I last saw h 4 m alive on 20 , 19.36; death is said |
| 7. AGE A. Years Months | Days If LESS than | to have occurred on the date stated above, at 11 3 4.m. |
| 65- | 1 day,hrs. | |
| rade, profession, or particular | ormin. | were as follows: Date of onest Dat |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 20 | Coronary emodern my 1 |
| 9. Industry or business in which | e - A | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | glioner | |
| Date deceased last worked at this occupation (month and | 11. Total time (years) | |
| year) /-9-3-6 | occupation | |
| 12. BIRTHPLACE (city or town) Sull | | Other Contributory Causes of Importance: |
| (State or country) | md | A Charles 1 |
| 13. NAME Kindel & | A 2 2 3 | |
| | 3 0 0 ' | |
| 14. BIRTHPLACE (city or town) (State or country) | man and a second | Name of operation |
| | # 10 | What test confirmed diagnosis? Was there an aulopsy? |
| 15. MAIDEN NAME Magne 16. BIRTHPLACE (city or town) | Lalenda | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | erlin | Accident, sulcide, or homicide? |
| ≥ (State or country) | me | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANTANTO Carrie | Jones | Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Ben | lin and | |
| 18. BURIAL, CREMATION, OR REMOVAL | | Manner of injury |
| Place un green 10 en | : Date May 25 , 1936 | - Nature of injury |
| 19. UNDERTAKER James 40 | Stewart | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) | enalyeing Ind | If so, specify |
| 20. FILED May 25,1936 | by May Jume | (Signed) for Roden M. D. (Address) 1/2 man of Boleham |
| If mor | | , 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUSEALL V. S. | | · | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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| Example I | | Example II | unif su |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onsat |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis JUN 6 1936 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. Mo. 1

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 5568 |
|--|--|
| 1. PLACE OF DEATH | (31) 2.0 |
| County Wacomics | Registration Dist. No. 333 |
| Village or City Cenusella General & | January Salistrum Ma St. 13 Ward |
| Village of only 1 Covariant (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs,nos. | 8 d How long in U.S. if of foreign birthyrsmosds. |
| 2. FULL NAME Henry Kurkwood | (a) |
| (a) Residence: No. Pocondoke Ma Abu | est, Ward. 23X |
| (Usual place of alroye) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write tho word) | 21. DATE OF DEATH |
| Male Colored married | (Month) (Day) (Year) |
| 5a. If married, widowad, or divorcad Cottman | 22. I HEREBY CERTIFY. That I attanded deceased from |
| (01) HIFE OF Cynllia Kurkwood! | 4-26 1936 5-4 1936 |
| 6. DATE OF BIRTH (month, day, and year) | Hast saw have alive on 5-4 30 1936; death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the data stated above, at + A.m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralatad causas of Importance |
| 8. Trade, profession, or particular | Varding Very al valuelar Date of one of |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc | diean dehi |
| Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, atc | - Cart |
| | |
| 0. Date deceased last worked at this occupation (month and spant in this | |
| year) oscupation | Other Contributory Causes of Importanca: |
| 12. BIRTHPLACE (city or town) Some set, Co. | Summe ordinal Sustan |
| (State er country) | |
| 13. NAME 171 Chand Kurkwood, | |
| [14. BIRTHPLACE (city or town) Somerney Co. | Name of operation |
| (State of country) | What lest confirmed diagnosis? Chime al Was thara an autopsy? Ly |
| 15. MAIDEN NAME Sarah (Unknown) 16. BIRTHPLACE (city or town). Somerzet Co. | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 6 16. BIRTHPLACE (city or town) Domerce Co. | Accident, suicide, or homicide? Data of injury, 19 |
| Stata or country) | Whera did injury occur? (Specify city or town, county and State) |
| 17 INFORMANT Richard Kirhwood (son) | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| (Address) Pocompole Route | |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of injury |
| Somerset a hape Date 1 My 19.36 | Natura ot injury. |
| 19. UNDERTAKER Johnson Slevemon. | 24. Was disaasa or injury in any way related to occupation of daceased? |
| (Addrass) Pocomole ma | If so, spacify |
| 20. FILED May 5- 1936 G. May Jurner | (Signed) M. D. |
| Registrar. | (Address) Juliana Link |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

V. S. No. 1

13. NAME

(Address)

(Addrass)

19. UNDERTAKER

inforstate

of OCCUPApluods

| 1. PLACE OF PEATH County Migney Village or City W. Julian Length of residence in city or town where death occurred Pyrs. / O. mos. 2. FULL NAME Nawal Halle Kangle (a) Residence: No. | St., Ward. |
|--|---|
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH M |
| Mule Strike OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS than 1 day, | (Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from The Law |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and yaar) 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: |

FATHER 14. BIRTHPLACE (city or town) Name of operation. (State or country) MOTHER 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did injury occur? ___. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT

18, BURIAL, CREMATION, OR BEMOVAL

Registrar.

Natura of Injury

If so, specify (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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| | Example II | |
|--------------|--|---|
| Date of onse | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,19 | 7 Peritonitis | 3 days ago |
| | Other contributory gauges of importance | |
| | Other contributory causes of importance: | |
| May 1,19 | Gastroenteritis | 1 year |
| | 9 | |
| | 1915 1921 July 5,192 | The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitiol nephrica ECEIVED | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| .RIN 6 1936 | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

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BINDING

RESERVED

MARGIN

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| Example I | | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis FECEIVED | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RECEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstition nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage JUN 6 1936 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| / | | | |

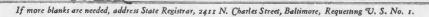
| STATE OF MARYLAND— | CERTIFICATE OF DEATH 5572 |
|--|--|
| 1. PLACE OF DEATH County Leonalia | Registration Dist. No. 332 |
| Village or City Wellands Md. (If Length of residence in city or fown where death occurred 20 yrs. f. mos | No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME (a) Residence: No. Willards Md (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4 COLOR OR RACE 5. SINGLE MARRIED WIDOWED. | 21. DATE OF DEATH 5 / |

| (a) Residence: No. Wallands (Usual place of abode) | St., Ward. If nonresident give city or town and State |
|---|---|
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the flord) Markel | 21. DATE OF DEATH (Month) (Oay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carbury Struce | 22. I HEREBY CERTIFY. That I attended deceased from march, 1936, to date 7 deaths. I last saw here alive on marf 3/ 1936; death is said |
| 6. DATE OF BIRTH (month, day, end fear) 7. AGE Years Months Yays If LESS then I day,hrs | to have occurred on the date stated above, at & Pm. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | were as follows: Date of onset May 2. |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased lest worked et this occupation (month and) 7 11. Total time (years) spent in this | |
| year) occupetion 12. BIRTHPLACE (city or town) | Other Contributory Capses of Importance: Chronic riphritis Allers - Carpinomia, juici |
| 13. NAME Milledin J. Newsers 14. BIRTHPLACE (city or town) (Stete or country) | Name of operation Dete of What test confirmed diegnosis? Clause Was there an eutopsy? |
| 15. MAIOEN NAME (Manie & Guellen 16. BIRTHPLACE (city or town) (State or country) | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 17. FNFORMANT Askery Lewis (Address) Wallands Mid- 18. BURIAL, CREMATION, OR REMOVAL | (Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE. |
| Place August 15 Me Oute Sun 3, 193 | Manner of injury |
| 19. UNOERTAKER J. W. J. Gyustoge (Address) | 24. Wes disease or injury In any way related to occupation of deceased? |

N. B.—WRITE PLAINLY V. S. No. 1



3



Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| | Example 1 | - 1 | Example II | |
|-------------------------|-----------------------|---------------|--|---------------|
| of importance were | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial ne | phritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | JUN 5 1936 | July 5,1927 | Perilonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

V. S. No. 1

| STATE OF | MARYL | AND-CERTIFICATE | OF | DEATH | 5575 |
|-----------|--------------|-----------------|----|-------|-----------|
| OITTIL OI | IAIL ALK I F | MIND OFFICE | 01 | DEALL | 2 7 1 1 6 |

| 1. PLACE OF DEATH | —— (J29) |
|---|---|
| County Willenie | Registration Dist. No. 333 |
| Village or City Salesbury June | usals General Hasts 13 Ward |
| | if death accurred in a botpital or institution, give its NAME instead of street and number) |
| out in non | |
| 2. FULL NAME ALLE OF SHARE | CAN TOU. S. Veteran, specify WAR |
| (a) Residence; No. Cully Ord (Usual place of abode) | /_ St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) | 21. DATE OF DEATH May 15 193 6 |
| 5a. II married, widowed or divorced | (Month) (Day) (Yaar) |
| HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY, That I attanded decaasad from |
| 1 1 2 10-11 | 10 10 May 1 19 15 |
| 6. DATE OF BfRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 10 m. |
| 1 day,hrs. | |
| // 0 0 ormin. | were as follows: Date of one of |
| 8. Trade, profassion, or particular kind of work done, as SPINNER, | of my nesseeus |
| SAWYER, BOOKKEEPER, etc | output to |
| 90 Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this | |
| yaar) occupation | Other Control Control |
| 12. BIRTHPLACE (city or town) | Othar Contributory Causes of importance: |
| (State or country) | |
| I 13. NAME Meorge Waller | |
| 13. NAME Cozge Oller 14. BIRTHPLACE (city or town) | Name of operation additions Data of |
| ((State or country) | What test confirmed diagnosis Alle It Was there an autopsy? |
| 15. MAIDEN NAME / SARAGO M. M. M. | 23. II death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME MANGE M. MANGE M. (State or country) | Accidant, suicide, or homicide? Date of injury 19 |
| State or country) | Whare did injury occur? |
| And Surgerie | (Specify city or town, county and State) |
| 17. INFORMANT (Address) | Spacily whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner ol injury |
| Place Af facillo Data May 15,1936 | Natura of injury |
| 10 HADDOTAND 9-111 12 - 11 12 - 11 12 - 1 | 24. Wes disaase or injury In any way related to occupation of deceased? |
| 19. UNDERTAKER (Address) | If so, specify |
| 20. FILED May 13, 1836 & May Turner | (Signed) II Myelo M. D. |
| 20. FILED Registrar. | (Addrass) Talleles |
| If more blanks are needed address State Registrar | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

55/4

| | 4 |
|---|------------------|
| Registration Diet No. | 333 |
| No. Ocean (if Daule one St., eath occurred in a horpital or institution, give its NAME instead of street and | |
| eath occurred in a hospital or institution, give its NAME instead of street and | number) |
| ds. How long In U.S. if of foraign birth?yrs,m | osds. |
| If U. S. Veteran, specify WAR | |
| St., 5 Ward. If nonresident give city or town and | State |
| MEDICAL CERTIFICATE OF DEATH | Diate |
| 21. DATE OF DEATH MA | |
| (May 24 (Day) | (Year) |
| 22. I HEREBY CERTIFY, That I attended | deceased from |
| | 19.76 |
| Hart cam has alive on 24 to Tell 103/4 | _; death is said |
| to have occurred on the date stated above, at 4.7.4 Pm. | |
| The PRINCIPAL CAUSE OF DEATH and related causas of importance | |
| Choleytes & fall thous | Date of onset |
| | 11/ |
| | |
| | |
| | - |
| Other Contributory Causes of importanca: | pres |
| Curan menter digress | 12.300 |
| | |
| No. of continu | |
| Name of operation Date of What test confirmed diagnosis? Was there and | 2 2 |
| 23. If death was due to external causes (VIOLENCE) fill in also the following | |
| Accident, suicide, or homicide? | |
| Where did injury occur? | |
| (Specify city or lown, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | e) ACF |
| | |
| Manner of injury | |
| Natura of injury | |
| 24. Was disease or injury in any way ralated to occupation of deceased? | 200 |
| | |
| (Signad) | M. D. |
| (Address) Juliany and | |
| III N. Charles Street, Baltimore, Requesting V. S. No. 2. | |

19. UNDERTAKER (Addrass)

If more blanks are needed, address State Registrar, 2

Registrar.

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10.-The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 2 |
| | | | |

| ADDITION | AL SPACE FOR FURTHER | HYSICIAN | fund afear | = |
|----------|----------------------|----------|------------|----|
| . // | | | Jun | 人。 |

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| | | A Marie N | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE OF MARYLAND—CERTIFICA | TE | OF | DEATH |
|-----------------------------|----|----|-------|
|-----------------------------|----|----|-------|

| 1. PLACE OF DEATH | CERTIFICATE OF DEATH |
|--|--|
| County Wisomison of | Registration Dist. No. 332 |
| | NoSt.,Ward If death occurred in a horpital or institution, give its NAME instead of street and number) |
| | osds. How long in U.S. if of foreign birth?mosds. |
| 2. FULL NAME Sharles & Gerde | L If U. S. Veteran, specify WAR |
| (a) Residence: No. Wand Ill Ville (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the giord) A arried | 21. DATE OF DEATH (Mog(h) (Dey) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ornaginal Product | 2. I HEREBY CERTIFY, That I ettended deceased from |
| 6. DATE OF BIRTH (month day, and year) Out. 21, 1853 | Mist sew harmelive on Ruay 26/1936; death is seid |
| 7. AGE Yeers Months Deys If LESS than | thave occurred on the date stated above, 4-10.9 m. |
| 80 8 3 1 dey,hrs | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: |
| 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc | Dit of State |
| Industry or business in which | The 1 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| 11. Total time (years) this occupation (month and 9,36 spent in this | |
| year) occupation occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | - Cellens Delenan |
| 13. NAME / J. Gradul 14. Birthplace (city or town) | |
| 4 14, BiRTHPLACE (city or town) (Stete or country) | Neme of operation |
| | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME JUNASHAN | 23. If death wes due to external causes (VIOL ENCE) fill In also the following: |
| O 16. BIRTHPLACE (city or town) (Stete or country) | Accident, suicide, or homicide? |
| 17. INFORMANT Sylving of elegated of (Address) | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOMAL | Manner of Injury |
| Place Nevell Bell Dete May 28,1931 | Nature of injury |
| 19. UNDERTAKER And Control of the Co | 24. Was disease or injury in any wey related to occupation of deceased? |
| 20. FILED May 28, 1936 Sillian N. Lav. Registrar. | (Signed) |
| | r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. |

5575

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | | Example II | |
|--|---|---------------|--|---------------|
| The principal cause of importance were | of death and related causes is follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arterioselerosis | IUN 5 1936 | 1915 | Attack of epilepsy | 1 week ago |
| Chronie interstitial nep | britis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | BUREAU V. S. | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory c | auses of importance: | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | 11491,1000 | | 1 year |

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Inhah Production

V. S. No. 1

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| STATE OF | MARYL | AND-CE | RTIFICAT | TE OF | DEATH |
|----------|-------|--------|----------|-------|-------|
|----------|-------|--------|----------|-------|-------|

5570

| | F DEATH | | | 500 |
|--------------------------------------|--|--|--|----------------|
| County | lorcome | on me | 3/3 San alm Registration Dist. No. | 33 |
| Village or C | ity Dalist | | enro. Shore branch St. | 13 War |
| Length of resi | dence in city or town where dea | | death occurred in a hospital or institution, give its NAME instead of street and r | number) |
| | - | 0. | - 1 9 2 2 | /S |
| 2. FULL NA | | & Washnight | Civil Park | 11 |
| (a) Residen | ce: No. Costa #2 | (Usual place of abode) | St., Ward. Cusful W | State |
| PERSON | AL AND STATISTIC | AL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| Male | 4. COLOR OR RACE S | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH May 24 | , 193 (Year) |
| a. If married, widow HUSBAND of | ad, or divorced | 1 | (100) | |
| (or) WIFE of | Mua | Konch | 18 19 36 to May 24 | deceased fro |
| DATE OF RIPTH | month, day, and year) | 6 18 1895 | I last saw I ma alive on May 2x 1936 | : daath is sai |
| AGE Yea | 1 | Days If LESS than | to have occurred on the data stated above, at 9 - 1 - m. | |
| , | x1 3 | 7 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | |
| Trade, profe | ssion, or particular | 0, — | | Oate of one |
| | work done, as SPINNER, BODKKEEPER, etc | arpenter | Velmmany lubriculosis | 193 |
| work was | business in which s done, as SILK MILL, | | / | |
| SAW MIL | L, BANK, etced last worked at | 11. Total time (years) | | |
| this occu year) | pation (month and | spent in this | | |
| 1 | 6: | 0 . 00 | Other Contributory Causes of importance: | |
| 2. BIRTHPLACE (cit (State or cour | | 1. | Laugue Entrealm | |
| .1 | Lens | Roach | maryages unoncarra | |
| | | , | Name of apprehim H and a Date of | |
| 14. BIRTHPLACE (State or | | 4 | Name of operation Date of | ulanev? |
| 15. MAIDEN NA | ME Cora | Howard | 23. If death was dua to external causes (VIOL ENCE) fill in also the following | |
| 16. BIRTHPLACE | (city or town) | | Accidant, suicida, or homicide? Date of injury | |
| (State or | country) | 4 | Whera did injury occur? | |
| 7. INFDRMANT (Address) | Decease | ek | (Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/ | e) ACE. |
| 8. BURIAL, CREMAT | | pat May 27, 1936 | Mannar of Injury | |
| 9. UNDERTAKER | I. Lawy | met Son | 24. Was disease or injury in any way related to occupation of daceased? | Ho |
| 00. FILED Ma | y 25, 36 V | May Justes Registrar. | (Signed) Charles A Siegark | run |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | 1 | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis 1336 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis IIIN 6 1939 | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

B.—WRITE PLAINLY,

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V. S. No. 1

| STATE OF | MARYLAND- | CERTIFICATE OF DEAT |
|--|---|--|
| 1. PLACE OF DEATH | | |
| County Mercanico | | Registration Dis |
| Village or City Delman | and Side | NoNo |
| | | f death occurred in a hospital or institution, give its NAME in |
| Length of residence in city or town where deat | n occurred yrs mos | ds. How long in U.S. If of foreign birth? |
| 2. FULL NAME / suff LU | arally slew | If U. S. Veleran, specify WAR |
| (a) Residence: No. / LO LL. | nas ma | St., Ward. |
| PERSONAL AND STATISTIC | (Usual place of abode) | If nonresident give |
| | SINGLE, MARRIED, WIOOWED, | 21. DATE OF DEATH |
| 4. COLOR OR RACE | OR DIVORCED (write the word) | S' |
| 5a. If married, widowed, or divorced | m. | (Month) |
| HUSBANO of (or) WIFE of | | 22. I HEREBY CERTIFY, |
| (0) 1112 01 | | 19. / 19. , to |
| 6. DATE OF BIRTH (month, dey, and yeer) | Lay 16, 1936 | I last saw helive on |
| 7. AGE Years Months | Deys If LESS then | to have occurred on the dete stated abova, at |
| Dead Brened | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causas o were as follows: |
| 8. Trada, profession, or perticular | Jane I I Jane I I I I I I I I I I I I I I I I I I I | Bay had hin dad |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | no | days hof bull |
| o. 9. Industry or business in which work was done, as STLK MILL, | | Probable Comprantel |
| SAW MILL, BANK, atc | 11. Total time (yeers) | |
| this occupation (month and year) | spant in this occupation | *************************************** |
| // | - Occupation | Other Contributory Canses of Importance: |
| 12. BIRTHPLACE (city or town) (State or country) | | |
| | ma | |
| II 13. NAME Won Jacks | 6 | |
| 14. BIRTHPLACE (city or town) 19 11 | nor | Name of operation |
| c (State of Country) | ma | What test confirmed diegnosis? |
| 15. MAIOEN NAME A coulty | Muart | 23. If death wes due to externel ceuses (VIOL ENCE) fill in |
| 15. MAIOEN NAME 16. BIRTHPLACE (city or town) | redia | Accident, suicida, or homicide? Oate |
| ≥ (State or country) | o, pa | Where did injury occur?(Specify city or tow |
| 17. INFORMANT Mrs Hattee | Strivart | Specify whether injury occurred in INOUSTRY, In HOME, |
| (Addrass) | made | |
| 18. BURIAL, CREMATIÓN, OR REMOVAL | Oate may 17, 1936 | Manner of injury |
| riaca: | Uate | Natura of Injury |
| 19. UNDERTAKER TO TE SE | wort | 24. Wes disease or injury in any way related to occupation |

| 1. PLACE OF DEATH | 3 |
|--|--|
| County Mercanica | Registration Dist. No. # 336 |
| Village or City Delman and Side | No. St. Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U. S. If of foreign birth?yrsmosds. |
| 2. FULL NAME Inft Donally Slew | If U. S. Veleran, specify WAR |
| (a) Residence: No. / LO Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Oev) (Test) |
| 5a, if married, widowed, or divorced | (Month) (Oey) (Tear) |
| HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, That I attanded daceased from |
| 6. DATE OF BIRTH (month, dey, and yeer) May 16, 1936 | I last saw h elive on ,19 ; dauth is said |
| 7. AGE Years Months Deys If LESS then | to have occurred on the dete stated abova, atm. |
| Dead Brened - 1 day, hrs. | The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: |
| 8. Trada, profession, or perticular kind of work done, as SPINNER, | They had him dyd for Oata of great |
| SAWYER, BOOKKEEPER, etc | days hof bull |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. | Probably Empressed by Island |
| Oate deceased last worked at 11 Total time (veers) | |
| this occupation (month and spant in this year) occupation | |
| 12. BIRTHPLACE (city or town) Della a | Other Contributory Canses of Importance: |
| (State or country) | |
| 13. NAME Won Dach | |
| 13. NAME Wan Jalhan 14. BIRTHPLACE (city or town) La Lland | Name of averaging |
| 14. BIRTHPLACE (city or town) | Name of operation |
| 15. MAIDEN NAME 49 The Street of | 23. If death wes due to externel ceuses (VIOL ENCE) fill in also the following: |
| E Processing putting | Accident, suicida, or homicide?Oate of injury19 |
| O 16. BIRTHPLACE (city or town) (State or country) | Where did injury occur? |
| 17. INFORMANT Mrs Hattie Stival | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. |
| (Addrass) | |
| Place Veniar Gen, Oate may 17, 1936 | Manner of injury |
| 19. UNDERTAKER James Fi Sterilar | 24. Wes disease or injury in any way related to occupation of daceesad? |
| (Address) Saludiny and | If so, specify |
| 20. FILEO 5-17-, 1976 Hary E Hulson | (Signed) IT I y net M. D. |
| Registrar. | (Addrass) / fresch / fresch |

5570

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: Arterioselerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset | |
| Chronic interstitial naphritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| BURFALL V. S. | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

V. S. No. 1

| | STATE OF MARYLAND— | CERTIFICATE OF DEATH 5580 | |
|----------------|---|---|-------------|
| | 1. PLACE OF DEATH | (22) | |
| | County Wicomico | Registration Dist. No. 38 | 3 |
| 1 | Village or City Jony Jank | No. md. St. 13 | Ward |
| 1 | Length of rasidanca in city or town where death occurred yrs | death occurred in a horpital or institution, give its NAME isstead of street and aumb | er) |
| | 2. FULL NAME John Sumons | If U. S. Veteran, specify WAR | |
| | (a) Residence: No. Jony Land, Ind | St. 13 Ward. | |
| | (Usual place of abode) | If nonresident give city or towa and State | |
| | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| | 3. SEX 4. COLOR OR RACE Normale S. Single, Married, WIDOWED. OR DIVORCED (write the word) Married | 21. DATE OF DEATH May 8 (Month) (Oay) , 193 | (Year) |
| | 5a. if married, widowad, or divorced | | |
| | HUSBANO of Caltarnie, Sumons | 22. I-HEREBY CERTIFY That I attended decen | sed from |
| di. | 6. DATE OF BIRTH (month, day, and year) | may 31 | th is said |
| of certificate | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than | to have occurred on the date stated abova, at 7 7 m. | 10 12 2MI |
| | 20 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| | 8. Trada, profession, or particular | were as follows: | te of onset |
| | kind of work done, as SPINNER, Farmer | Tulerculosis of the lunas | Le Company |
| back | 9. Industry or business in which work was done, as SILK MILL, | | now |
| | SAW MILL, BANK, atc | | |
| no : | 10. Oate deceased last worked at this occupation (month and / 3.5 spant in this occupation occupation | | |
| instructions | m 11.1 P-1 | Other Coatribatory Caases of importance: | |
| ıcti | 12. BIRTHPLACE (city or town) | | |
| stri | | | |
| | I | | |
| See | 14. BIRTHPLACE (city or town) | Name of operation Oate of | |
| | (State of country) Confamous | What tast confirmed diagnosis? Chrical Was there an autop | sy?10 |
| important. | 15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town): | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| ort | 16. BIRTHPLACE (city or town): | Accident, suicida, or homicide? Date of Injury | 19 |
| mp | (State or country) Chronic | Where did injury occur? (Specify city or town, county and State) | |
| very i | 17. INFORMANT Cutherine Sumons (Address) Jony Jank Md | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18 | 18. BURIAL, CREMATION, OR REMOVAL Md | Manner of injury | |
| | Place Mit Charat la Rosa . Oata May 12 , 1936 | Nature of injury | |
| TION | 19. UNDERTAKER AND THE DEWOOD ON & | 24. Was disease or injury In any way ralated to occupation of daceasad? 24. If so, specify | |
| () | 20, FILEO May 12, 19 36 V. Olivay Jurier Registrat. | (Signed) Adis bury. Ma. | M. O. |
| | If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No./1. | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person agcd 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | 1 | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arleriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis JUN 6 1936 | 1921 | Run over by street ear | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| The state of the s | | | | |
| Other contributory causes of importance: | rie Fate | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

| 1 | infor- | state |
|-------------|---|-----------------|
| 1 | of | plu |
| | item | plnods |
| | Every | CIANS |
| | IS A PERMANENT RECORD. Every item of infor- | PHYSICIANS |
| | RE | |
| 5 | ENT | stated EXACTLY. |
| = | Z | C |
| 7 | M | XA |
| 2 | ER | B |
| 4 | AF | ed |
| FOR BINDING | IS | stat |

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAI

N. B.

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

5581

| 1. PLACE OF DEATH | | | (II7:20 X | |
|--|--------------------|--------------------------|--|-----------|
| County Wicomico | | | Registration Dist. No. 330 | |
| Village or City Near Mardela | | | No. St | Ward |
| | | | death occurred in a hospital or institution, give its NAME instead of street and number | 1) |
| | | yrs,mos | ds. How long In U.S. if of foreign birth?yrsmos, | ds. |
| 2. FULL NAME William | B. Taws | | If U. S. Veteran, specify WAR | |
| (a) Residence: No. | (Usual place of | | St., Ward. If nonresident give city or town and State | |
| PERSONAL AND STATISTICA | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE 5. | SINGLE, MARR | IED, WIDOWED, | 21. DATE OF DEATH | |
| Male White | or DIVORCED | (rupite the word) | may 18, 193. | 6 |
| 5a. If married, widowad, or divorced | 21104222 | | (Month) (Day) (Y | Year) |
| HUSBANO of Cor) WIFE of Essie Taw | S | | 22. I HEREBY CERTIFY, That I attended deceas | ed from |
| | | | may 7 en. , 1936, 10 may 18. | 9.24 |
| 6. DATE OF BIRTH (month, day, and year) Me | h 27 | I889 | I last saw h alive on | h is said |
| 7. AGE 4 Years Months | 2 ^D 3ys | If LESS than 1 day,hrs. | to have occurred on the date stated abova, at 2 /=m. | |
| | | ormin. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | ofonset |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | | | | |
| SAWYER, BOOKKEEPER, etc | 0r | | Jeptie Ulcer | |
| a lndustry or business in which work was done, as SILK MILL, Lum SAW MILL, BANK, etc. | ber Mi | 11 | | |
| 3 10. Date deceased last worked at | 11. Total tim | e (years) | | |
| this occupation (month and year) | | in this ation | | |
| 12 RIPTHPI ACE (city or town) | han far | | Other Contributory Causes of Importanca: | |
| 12. BIRTHPLACE (city or town) | yianu | | Dayston | |
| I I I I I I I I I I I I I I I I I I I | | | The total of the second | |
| I3. NAME Abraham Taws I4. BIRTHPLACE (city or town) | | | Name of operation Quality Oate of D | (|
| (State or country) | | | What test confirmed diagnosis? | |
| 15. MAIDEN NAME Hester Ho | reman | | 23. If death was due to external causes (VIOL ENCE) fill in also the following: | |
| 15. MAIDEN NAME HESTER HO | T 49 341 54 54 | | Accident, suicide, or homicida? | 9 |
| (State or country) Md | | | Where did injury occur? | |
| 17. INFORMANT Essie Taws | | | (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. | |
| (Address) Mardela | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | Manner of injury | |
| Place Mardela | ate May | 2-T, 19-3-6 | Nature of injury | |
| 19. UNDERTAKER W.D. Graveno | r & Br | 0., | 24. Was diseasa or injury in any way ralated to occupation of daceased? | |
| (Address) Sharptown, | Md. | 1- | If so, specify | |
| 20. FILEO May 21 194 Pro | lesso | long | (Signad) 7xxCO | M. D |
| | | Registrar. | (Address) Leader and | |
| If more bland | ks are needed, ad | dress State Registrar, | 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. | 7 |

7. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|-----------------------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | RECEIVED | 1915 | Attack of epilepsy | 1 week ago | |
| Chronie interstitial n | phritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | JUN 4 34. | July 5, 1927 | Peritonitis | 3 days ago | |
| | BUREAU V. S. | | | | |
| Other contributory | causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-AUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MON is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. N. B.-WRITE PLAINER,

V. S. No. 1

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 5582 | |
|--|--|--|
| 1. PLACE OF DEATH | 93-0 | |
| County Viconico | Registration Dist. No. 330 | |
| Village or City Near Mardela | No. St. Ward | |
| | death occurred in a hospital or institution, give its NAME instead of street and number) | |
| Length of residence in city or town whara death occurred wyrs | How long in U. S. if of foreign birth?yrsmosds. | |
| 2. FULL NAME Undrew J. Vaylor | | |
| (a) Residence: No. | St., Ward. | |
| (Usual place of abode) | If nonresident give city or town and State | |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OF RASE OR DIVORCED (write the word) The service of the service o | 21. DATE OF DEATH (Mynth) (Day) (Year) | |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Thet I attended deceesed from | |
| 2000000 | Jans 4 cl 19 3 6, 10 /h gy 1936 | |
| 6. DATE OF BIRTH (month, day, and year) March 6 - 1869 | 1 last saw h dell alive on 19 24; death is sald | |
| 7. AGE Years Months Deys If LESS than 1 dayhrs. | to have occurred on the date stated above, at | |
| 67 / 28 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows: | |
| Trade, profession, or particular kind of work done as SPINNER | | |
| kind of work done, as SPINNER, Janner SAWYER, BOOKKEEPER, etc. | Ceretral Heyn Case | |
| Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc | arbeiotelewis ! | |
| SAW MILL, BANK, atc | Carroic Ingar and this | |
| 12. BIRTHPLACE (city or town) | Other Contributory Causes of Importance: | |
| (State or country) Rangland | | |
| # 13. NAME Josiah, S. Daylor | | |
| 14. BIRTHPLACE (city or town) | Name of acception | |
| 4. BIRTHPLACE (city or town) Warelaw (Stata or country) | Neme of operation | |
| 15. MAIDEN NAME POSTES L. Bergerett | What tast confirmed diagnosis? Was there an autopsy? | |
| T | 23. If daath was due to axternal causas (VIOLENCE) fill in elso the following: | |
| O 16. BIRTHPLACE (city or town) (State or compry) Navy lave | Accident, suicide, or homicide? | |
| (State of country) | Whare did injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT Wardela Wid | Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Mannar of Injury | |
| Place Marketa Data May 6, 1936 | Nature of injury | |
| 19. UNOERTAKER 24. A A Career of From (Address) Thanklown Mis | 24. Was disease or injury in any way ralated to occupation of dacaased? | |
| 20. FILED Mary 6 , 196 for & en one Registrat. | (Signed) William Emme M.O. (Address) Helm - m.J. | |
| # 1 | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. | |

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| Example I | | | Example II | |
|--|--------------|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial neparitis | | 1921 | Run over by street car | 1 week ago |
| erebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | BUREAU V. S. | | | |
| Other contributory causes of importance: | | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | 1 | | |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

MARGIN RESERVED

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis IIIN 6 1926 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage RUREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago |
| | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | br |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | 18. |

V. S. No. 1 N. B.—

| STATE OF | MARYLAND- | -CERTIFICATE | OF | DEATH |
|----------|-----------|--------------|----|-------|
|----------|-----------|--------------|----|-------|

5501

| 1. PLACE OF DEATH | 0 00 | 3.2 |
|--|--|---------------|
| County Micamica | Registration Dist. No. | 333 |
| Village or City Saleshury | No Penansula General Toshetal | 13 Ward |
| A (11 | death occurred in a hospital or institution, give its NAME instead of street and num | |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth? | ds. |
| 2. FULL NAME Jaa Jawnsens | 22X- | |
| (a) Residence: No. Nachawalken 1214 | St., Ward. | |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and Sta MEDICAL CERTIFICATE OF DEATH | Me |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| OR DIVORCED (write the word) | May 18 | 936 |
| amale a a morried | (Month) (Day) | (Year) |
| (5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of | 22. HEREBY CERTIFY Thet I attended dec | ceased from |
| (or) wire or | February 29, 19 36, 10 May 18 | , 19 36 |
| 6. DATE OF BIRTH (month, day, end yeer) Self 18 1903 | Hast saw her alive on may 18 1,1936; d | leeth Is seid |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at _ & _ @m | |
| 32 1 dey, hrs. or or min. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: | |
| _ less Trade, profession, or perticular | | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | Typhoid Ferry | 2/193 |
| 9. Industry or business in which work was done, as SILK MILL, Dameable | | |
| SAW MILL, BANK, etc | | |
| this occupation (month and spant in this occupation occupation | | |
| 6.1 | Other Contributory Causes of Importance: | |
| 12. BIRTHPLACE (city or town) Tulk awalking (State or country) | | |
| | - | |
| 13. NAME James Jale | | |
| 13. NAME James Tale 14. BIRTHPLACE (city or town) Rackawalkis (Stete or country) | Name of operation Dete of | |
| (Stete of Country) | Whet test confirmed diagnosis? Clinical Was there en euto | opsy? |
| 15. MAIDEN NAME Once Tuelley. 16. BIRTHPLACE (city or town) Ruchawalkin (State or country) | 23. If death was due to externel ceuses (VIOLENCE) fill In also the following: | |
| 0 16. BIRTHPLACE (city or town) / Juck anwalks | Accident, sulcide, or homicide? Dete of Injury | , 19 |
| (State or country) | Where did Injury occur? (Specify city or town, county and State) | |
| 17. INFORMANT James Talk (Address) Rulhawalkin Md | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | <u>E.</u> |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury | |
| Place falk assultion Gen Date May | Neture of injury | |
| 19. UNDERTAKER James & Stignast | 24. Wes disease or Injury In any way related to occupation of deceased? | |
| (Address) Salishury and | If so, specify | |
| 20. FILED May 1, 1936 & Whay Justice Registrar. | (Signed) falistury, Med. | M, E |
| 76 11 11 11 5 1 2 1 | TO THE RESERVE TO THE | - |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis . | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. b. No. 1.

19356

(Year)

Date of onset

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|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
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| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

V. S. No. 1

| STATE | OF | MARYI | AND-CERTIFICATE OF DEATI | Ц |
|-------|----|---------|--------------------------|----|
| OIAIL | | MIVILIE | AND CENTILICATE OF DEATH | П. |

EEDI

| 1. PLACE OF DEATH | |
|---|--|
| County Micomics | Registration Dist. No. # 336 |
| Village or City Delmar | No |
| (If | death occurred in a hornital or institution, give its NAME instead of street and an analysis |
| Length of residence in city or town where deeth occurredyrsmos | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME James Ochert Klynes | Ken |
| (a) Residence, No. State St. Delma | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIFD, WIDOWED, OR DAVORCED (write the word) | 21. DATE OF DEATH |
| Male white indones | (Modifi) (Day) (Year) |
| 56. If married, widowed, or divorced HUSBANO of | 22 - |
| (or) WIFE of anna Venables | 1924 to 1934 |
| 6. DATE OF BIRTH (month, day, and year) Dec 5, 1846 | March 1997 |
| 7. AGE Years Months Days I If LESS than | to heve occurred on the date stated above at |
| 89 5 4 1 dey,hrs. | The PRINCIPAL CAUSE OF DEATH and releted causes of importance |
| 8. Tade, profession, or particular | were as follows: I will of left Date of onset |
| SAWYER, BOOKKEEPER, etc. | The state of the s |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| | |
| 10. Date deceased last worked at this occupation (month and year) spant in this occupation (occupation) | |
| year) 9/6 occupation 30 472 | Other Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) | |
| (State or country) | Carrie of trumps 24h. |
| 13. NAME Unfanour | |
| 4 14. BIRTHPLACE (city or town) | Name of operation |
| (State or country) Makeroura | What test confirmed diegnosis? Was there an autopsy? |
| 15. MAIDEN NAME MAPON | 23. If death was due to external causes (VIOL ENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? athers. Date of injury 1/3', 1934 |
| (State or country) Unknown | Where did injury occur? Ima Survey |
| 17. INFORMANT. A. Analles | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Leelman, Leel. | Home, triffed of fell on link |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Place Date 19 19 5 | Nature of Injury Marches of life France |
| 19. UNDERTAKER Mill S. Mariel | 24. Wes disease or injury In any wey related to occupation of deceased? |
| (Address) Leelmy, Leef | If so, specify |
| 20. FILEMAN 11, 1936 Harry E. Ludsen | (Signed) / U. Lynu, M. D. |
| Registrar. | (Address) Polinky Del |

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|--|---------------|--|---------------|
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| Arteriosclerosis // . !!!! | 01915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephrilis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | 4 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

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|---------------|--|---|
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | 1915 1921 July 5,1927 | of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

| | CERTIFICATE OF DEATH 5588 |
|--|--|
| County County | Registration Dist. No.33/ |
| Village or City Hebyra | No. St. Ward |
| Length of residence in city or town where death occurred | (If death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foralgn birth?yrsmosds. |
| 2. FULL NAME Trene Sheatley | If U. S. Veteran, specify WAR |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWE OR DEVORCED (write the wor | |
| 5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of William B. Heatley | 22. JI HEREBY, CERTIFY, Thet I attended decessed from any 8 4 19 36, to may 8 4 19 3 |
| 6. OATE OF BIRTH (month, day, end yeer) Umknown - 185 | I last saw h & alive on Bay 1936; deeth is serious |
| fo f | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or perticular kind of work done, es SPINNER. House work SAWYER, BOOKKEEPER, etc. | Die beser |
| 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date decessed last worked et this occupation (month end year) | |
| 12. BIRTHPLACE (city or town) - Manuland | Other Contributory gauges of Importence: Jacob a Tock |
| 13. NAME Unknown | |
| 14. BIRTHPLACE (city or town) (State or country) | Name of operation Date of What test confirmed diagnosis? Wes there an eutopsy? |
| 15. MAIDEN NAME Urknown | 23. If deeth was due to external causes (VIOLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide?Oete of injury19 |
| 27. INFORMANT Jours Knowles (Address) Hebron M. | Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION OR REMOVAL Place Latestony and Date May 11, 19 | Manner of Injury |
| 19. UNDERTAKER It. De Frances More (Address) Strangstone Mr. | 24. Wes disease or injury in any way related to occupation of deceased? |
| ~ ^ 4 | (Signed) William Burel M. D. |

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| Example I | 1 | Example II | |
|---|---------------|--|---------------|
| The principal cause of death and related eauses of importance were as follows: Arteriosclerosis RECEIVED | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Chronic interstibul nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage JUN 5 | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | 1 | | |

STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 98 70 53.22 |
|--|---|
| Village or City Dales Bury, Ind. Per | Registration Dist. No. (needa Deneral Workstal St., 13 Ward death occurred in a hospital or institution, give its NAVE instead of street and number) |
| | ds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME YWhite . Claude | 23X- |
| (a) Residence: No. Show Will (Usual place of abode) | St., Ward. Maryland If nonresidepygive city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Colored | 21. DATE OF DEATH (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE A Years Months Days If LESS than 1 day, | to have occurred on the data stated above, at 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 35- or min. 3 Trade, profession, or particular kind of work done, as SPINNER, | ware as follows: Date of onset |
| SAWYER, BODKKEEPER, atc | Paimon / Cause of gangrens of testicle? Undergran |
| O Date deceased last worked et this occupation (month and year) 11. Totel time (years) spent in this occupation | If due to injury? Unsknown Custoff, |
| 12. BIRTHPLACE (city or town) (State or country) | Causer Up brown |
| 13. NAME | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Name of operation Oscillations Date of 1/29,3 (What test confirmed diagnosis? Grace |
| 15. MAIDEN NAME | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or county) | Accident, suicide, or homicide? |
| 17. INFORMANT Haspy all Deco-als. | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| 18. BURIAY CREMATION, OR REMOVAL MID Date MOVY 4, 1936 | Manner of injury |
| 19. UNDERTAKER HEARTH THE THE METERS AND THE METERS | 24. Was disaase or injury In any way related to occupation of deceased? |
| 20. FILED May 3, 19 36 & May Surher Registrar. | (Signed) Clean Trade M. D. (Address) Descloshing Med |
| If more blanks are needed, address State Registrar, | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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| | Example 1 | | Example II | |
|--------------------------|----------------------|---------------|--|---------------|
| of importance were | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | RECEIVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial new | | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | JUN 6 1936 | July 5,1927 | Peritonitis | 3 days ago |
| | BUREAU V. S. | | | |
| Other contributory c | auses of importance: | | Other contributory causes of importance: | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year |
| | | | | |
| | | | | |

| ÷ 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--------------|---|--|
| An I | 1. PLACE OF DEATH | (940) 7.0 |
| 220 | County Thicomica | Registration Dist. N |
| 2 | Village or City Salisbury | No. Peninsula General |
| 5 | / / * | death occurred in a hospital or institution, give its NAME instead |
| statement | d. 0. 10 4/- 1 = | |
| iten | 2. FULL NAME C. Reall White | If U. S. Veteran, specify WAR |
| | (a) Residence: No. 1/7 E. Asabella (Usual place of abode) | St., Ward. If nonresident give city |
| act | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF |
| EX | 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) | 21. DATE OF DEATH |
| | 5a. It married, widowed, or divorced | (Month) (D |
| | HUSBAND of (or) WIFE of Mollin Palsons | 22. I HEREBY CERTIFY, The |
| | Bis: 0, -4-1888 | 1 last saw h alive on |
| cate | 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to heve occurred on the dete stated above, et 2:50 Pim |
| certificate | 68 / O 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Imwere as follows: |
| - 1 | Z 8. Trade, protession, or particular kind ot work done, as SPINNER, | 1 |
| 10 | SAWYER, BDDKKEEPER, etc. Lugger | Curyona pedien |
| back | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| uo | Date deceased last worked at this occupation (month and R 1 1921 spent in this | |
| | year) Helt, 1732 occupation 32 41 | Other Contributory Causes of Importance; |
| | 12. BIRTHPLACE (city or town) Jyosken | |
| | (State or country) Inabuffund | |
| | 13. NAME Gustaving White | |
| | [I4. BIRTHPLACE (city or town) frag | Name of operation |
| | - Tracomaco of total | What test confirmed diagnosis? 23. If deeth wes due to externel ceuses (VIDLENCE) fill in else |
| in por cant. | 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of |
| | State or country) Mary Land. | Where did injury occur? |
| | 17. INFORMANT C. P. It-fite for. | (Specify city or town, of Specify whether injury occurred in INDUSTRY, In HOME, or |
| very | 18. BURIAL, CREMATION, DR REMOVAL 2-30 P.A. | Menner of Injury |
| ON IS | Place Parsons, Cem. Date May 6, 1936 | Nature ot injury |
| | 19. UNDERTAKER The O Hill & Golmson Co | 24. Was disease or injury in any way related to occupation ot |
| | (Address) Alistynen, Ma | It so, specity |
| 1 | 20. FILED May 6, 1936 & Inpay Junier | (Signed) |
| | Registrar. | (Address) |

ration Dist. No. Reneral Marketal
s NAME instead of street and number) rth?_____ds. resident give city or town and State CATE OF DEATH TIFY. That I attended deceased from ed causes of Importance Date of onsat ----- Was there an autopsy?_ &g NCE) fill in elso the following: Date of injury......, 19...... city or town, county and State) Y, In HOME, or in PUBLIC PLACE.

o occupation ot deceased?

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| li | Example II | |
|---------------|--|--|
| Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| May 1,1923 | Other contributory couses of importance: | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

V. S. No. 1

| M | infor- | state | UPA- | |
|-----------|--|------------------------------------|---|--------|
| IVI | Jo | plr | 00 | |
| - | item | shor | 0 Jo | 1 |
| | Every | CIANS | ement | 1 |
| | 6 | ISI | stat | |
| | RECO | 7. PH | Exact | |
| 3 BINDING | , PERMANENT RECOMO. Every item of infor- | d EXACTLY. PHYSICIANS should state | erly classified. Exact statement of OCCUPA- | |
| BI | E | M | Y | icate. |
| 2 | | P | PL | Ca |

| STATE OF MARYLAND | CERTIFICATE OF DEATH 5591 |
|---|--|
| 1. PLACE OF DEATH | (24) n n |
| County // Comulo | Registration Dist. No. 333 |
| Out Park | Ph Hanson 1 13 |
| Village Of Oily | NoSt Ward death occurred in a hospital or institution, we its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrs | ds. Howelong in U.S. if of fereign birth?yrsmosds. |
| 2 Free Man Harrey allen When | telocke & Natoran anasisa WADA |
| 2. FULL NAME Vary all fine | U. S. Veteran specific WAR |
| (a) Residence: No. 7/0. (Usual place of abode) | St., 9 Ward Auto- |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| | 21. DATE OF DEATH 2 |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | May 15 4 1936 |
| 5a. If marriad, widowed, or divorcad | (Month) (Day) (Yaar) |
| HUSBANO of (or) WIFE of | 22. I HEREBY CERTIFY, That Latendad deceased from |
| (4) | 6,1906, to 1906 |
| 6. DATE OF BIRTH (month, day, and year) May. 29, 1929 | I last saw halive on |
| 7. AGE Years Months Days If LESS than | to have occurred on the data statad above, at S |
| 6 // 6 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. | Interest. Muney 1 |
| A 9. Industry of pusiness in which | 7 777 |
| work was dona, as SILK MILL, SAW MILL, BANK, etc | |
| 10. Date deceased last worked at 11. Total tima (years) spant in this | |
| year) occupation | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (pity or town) Called (State of country) | |
| 13. NAME · Dyden, Whitelock 14. BIRTHPLACE (city of town) M. Plynn | |
| 14. BIRTAPLACE (city of town) M. Hugarn | Name of operation Date of |
| (Stata or country) md | What tast confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Minner & Callons 16. BIRTHPLACE (city or town) Clean aty (State or country) | 23. If death was due to external causes (VIDLENCE) fill in also the following: |
| 16. BIRTHPLACE (city or town) Olean aly | Accident, sulcide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| Dre den What look | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE, |
| 17. INFORMANT | Alle de la |
| 18, BURNAL CREMATION, OF REMOVAL | 7/1/4 |
| Place He town May May 17,936 | Manner of Injury |
| 2411 | Nature of Injury |
| 19. UNOERTAKER NECKSTAND & G. () | 24. Was diseasa or injury in any way related to occupation of deceased? |
| (Address) Salady Mayland. | If so, specify |
| 20. FILEO May 17, 1934 V. May Junes | (Signed) M. D. |
| Registrar. | (Address) |

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| Example I | | Example II | |
|--|---------------|--|---------------|
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| Arteriosclerosis DECELVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage JUN 6 1936 | July 5,1927 | Peritonitis . | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory cluses of importance: | 13 | Other contributory causes of importance: | 14 46 |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

FOR BINDING

MARGIN RESERVED

V. S. No. 1

| County | Circonu | es | Registration Dist. No. |
|--|--|--|---|
| | | ma. | 16. Sanatrium Eastern Showst. Mac |
| Village or (| city — accept | | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of res | sidence in city or town where | daeth occurredyrsyrsymo: | sds. How long In U.S. if of foreign birth?yrsmos |
| 2. FULL NA | ME lame | · mitchell | alem & 23x. |
| (a) Resider | nce: No. | | St., Ward. Inow Hell. Me |
| PERSON | NAL AND STATIST | (Usual place of abode) TICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| SEX | 4. COLOR OR RACE | s. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male | White | OR DIVORCED (write the word) | May 25, 193 (Month) (Day) (Ye |
| . If married, widow HUSBAND of (or) WIFE of | | da hilson | 22. O I HEREBY CERTIFY, That I attended dacaasa |
| (01) 11112 01 | | 7 | Jany 30 1936, 10 May 25, 19 |
| DATE OF BIRTH | (month, day, and year) | ch. 13, 1876 | I last saw h. Un alive on May 2 × , 1936; daath |
| | ears Months | Days If LESS than | to have occurred on the data stated above, at 3 = 9. m. |
| | 60 3 | 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importanca were es follows: |
| Trede, profe | ession, or particular | 2.0 | 0 19 |
| | work dona, as SPINNER, R, BOOKKEEPER, atc | daun | Vielmany Hoturen |
| 9. Industry or work w | business in which as done, as SILK MILL, ILL, BANK, etc | | |
| | | 1 as Wastaton Common | |
| TO. Dete decea. | sed last worked at- | / 11, lotal time (years) | |
| this occupant) | sed last worked at dec. | 11. Total time (years) spent in this occupation | |
| yaar) | 1 | 935 spent in this occupation | Other Contributory Causes of importance: |
| yaar) | city or town) Ino | 1935 II. lotal time (years) spent in this occupation | Other Contributory Causes of Importance: |
| BIRTHPLACE (c (State or cou | city or town) Ino | 1935 spent in this occupation. | Other Contributory Causes of importance: |
| BIRTHPLACE (c (State or could be state or could | city or town). Inor | 935 Spent In this occupation. Well Charles Ch | Lues |
| yaar) BIRTHPLACE (c (State or could 13. NAME 14. BIRTHPLACE) | Stephan Stepha | 1935 Spent In this occupation Stell Lucan | Nema of operation Henre Date of |
| BIRTHPLACE (c (State or cou 13. NAME 14. BIRTHPLAC (State o | Stefkan & E (city or town) | v Hele | Nema of operation |
| yaar) BIRTHPLACE (c (State or could be state | Stephan Stepha | v Hele | Nema of operation |
| yaar) BIRTHPLACE (c (State or could be state | Stefkan & E (city or town) | v Hele | Nema of operation |
| yaar) BIRTHPLACE (c (State or could be state | city or town) Incompany Stephan A Et (city or town) or country) AME Conde Et (city or town) or country) | occupation Note Note Lin Catlin | Nema of operation What test confirmed diagnosis? 23. If death wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) |
| yaar) BIRTHPLACE (c (State or cou 13. NAME 14. BIRTHPLAC (State o 15. MAIDEN N. 16. BIRTHPLAC (State o | city or town) Incompany Stephan A Et (city or town) or country) AME Conde Et (city or town) or country) | occupation Note Note Lin Catlin | Nema of operation Date of What test confirmed diagnosis? Was there an autopsy 23. If death wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 1. |
| yaar) BIRTHPLACE (c (State or could be shared by sha | city or town) Incompany Stephan A Et (city or town) or country) AME Conde Et (city or town) or country) | occupation Note Note Lin Catlin | Nema of operation What test confirmed diagnosis? 23. If death wes due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. |
| 2. BIRTHPLACE (c (State or cou 13. NAME 14. BIRTHPLAC (State o 15. MAIDEN N. 16. BIRTHPLAC (State o 7. INFORMANT (Address) | city or town) Stephan E (city or town) AME Co de C (city or town) Or country) A (city or town) | occupation Note Note Lin Catlin | Nema of operation What test confirmed diagnosis? 23. If death wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) |
| 13. NAME 14. BIRTHPLACE (C (State or county) 15. MAIDEN No. 16. BIRTHPLAC (State of county) 7. INFORMANT (Address) 8. BURIAL, CREMA Place | city or town) Stephan E (city or town) AME Co de C (city or town) Or country) A (city or town) | occupation Note Lia Catlin May 57 50 | Nema of operation What test confirmed diagnosis? 23. If death wes due to axternal causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury |
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| MIN 6 1939 | | | | |
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| | | | | |